

IN PRESCRIBING MALTED MILK

See that your patients obtain the

ORIGINAL-GENUINE



The Food-Drink For All Ages

Others are Imitations

HORLICK'S contains the purest ingredients and is recommended
the world over by Physicians and Nurses

PROTECT YOURSELF AND OBTAIN THE BEST

E. B. BROWN

Prescription and Manufacturing Optician

314-315 Schofield Building

Cleveland

THE ENGELN ELECTRIC CO.

1904 Euclid Avenue :: :: Cleveland, Ohio

X-Ray, High Frequency, Electro-Medical Apparatus and Supplies

BERMAN & BERMAN

MAKERS OF

NURSES' COATS AND CAPES

144 Wabash Avenue,

CHICAGO, ILL.

Prices and samples of cloth at request.

Contributors to the October Quarterly

Amelia Sears ("Problems Which the Mentally Sub-normal Adult Presents to Social Workers"), Director of the Bureau of Public Welfare of Cook County, and a member of the staff of lecturers for the Chicago School of Civics and Philanthropy and of the School of Sociology of Loyola University, was for ten years District Superintendent of the United Charities in Chicago, and has also been Civic Director of the Woman's City Club in the same city. She is also the author of "The Charity Visitor," a hand book for beginners.

Isabelle E. Carruthers ("A Glimpse at the Medical Department of the Chicago Court of Domestic Relations"), Deputy Bailiff, and nurse in charge of the medical work in connection with the Chicago Court of Domestic Relations, describes in her article the interesting and important work which she is doing in this connection.

Fred J. Taussig ("The Nurse-Midwife"), Attending Obstetrician to the St. Louis Maternity Hospital, is a Member of the American Gynecological Society and Attending Gynecologist to St. Louis City Hospital. He is also City Sanitarian. Dr. Taussig is well known throughout the country for his work as an obstetrician.

Isabel W. Lowman ("The Relation of Private and Municipal Anti-Tuberculosis Activities"), our Associate Editor, needs no introduction to readers of the Quarterly, to the pages of which she is a frequent contributor.

Mary T. Whitley ("A Course for Nurses in Educational Psychology"), is Instructor in Educational Psychology at Teachers' College, Columbia University, New York, of which University she is a B. S., A. M. and Ph.D.

Contributors to the October Quarterly

(Continued.)

Edna L. Foley ("Fundamental Requirements in the Training of the Public Health Nurse"), Superintendent of the Chicago Visiting Nurse Association, and Contributing Editor of the Quarterly, is also the author of "The Visiting Nurse Manual." Miss Foley does not need any introduction to our readers.

Harriet L. Leete ("Constructive Methods in Infant Welfare Work") is the Superintendent of Nurses in the Bureau of Child Hygiene of the Department of Health, Cleveland, O., and also Superintendent of the Babies' Dispensary and Hospital. She is a graduate of Lakeside Hospital, Cleveland, where she also had charge of the Surgical Ward for 1½ years.

Gertrude Peabody ("Methods of Raising Money"), is Vice-President of the Instructive District Nursing Association of Boston.

Mary Aldis ("Administrative Problems of Visiting Nurse Work"), President of the Chicago Visiting Nurse Association, is well known in the Public Health Nursing field. The publication of her recent monograph, "Florence Nightingale—An Appreciation," presented by her to the National Organization, has been one of the events of the past year in this field.

Mary Van Zile ("A Case of Ignorance"), Superintendent of the Visiting Nurse Association of Stamford, Conn., has just accepted a position in the Federal Children's Bureau.

Annie R. McCauley ("Stanislaus") is Supervising Tuberculosis nurse in the Providence District Nursing Association.

Lydia G. Chace ("Little Gentleman"), is Visiting Dietitian in the Providence District Nursing Association.

Contents

Editorials	7
I. The Nurse-Midwife	7
II. "The Visiting Nurse Manual"	9
III. The Untrained Woman in Private Life	11
Problems Which the Mentally Subnormal Adult Presents to Social Workers	14
AMELIA SEARS	
A Glimpse at the Medical Department of the Chicago Court of Domestic Relations	29
ISABELLE E. CARRUTHERS	
The Nurse-Midwife	33
FRED J. TAUSSIG	
The Relation of Private and Municipal Anti-Tuber- culosis Activities	40
ISABEL W. LOWMAN	
A Course For Nurses in Educational Psychology (As Given at Teachers' College, Columbia Uni- versity)	52
MARY T. WHITLEY	
Psychology in Social Work—How Two Nurses Were Helped By It	61
TWO NURSES	
Fundamental Requirements in the Training of the Public Health Nurse	67
EDNA L. FOLEY	
Constructive Methods in Infant Welfare Work	73
HARRIET L. LEETE	
Methods of Raising Money	79
GERTRUDE PEABODY	
Administrative Problems of Visiting Nurse Work	87
MARY ALDIS	
Stories Told By Nurses	104
A Case of Ignorance	104
MARY VAN ZILE	
Stanislaus	106
ANNIE R. MCCAULEY	
"Little Gentleman"	107
LYDIA G. CHACE	
News Notes	108
Two Letters	113
A Message from the Red Cross Nurses	117

THE Public Health Nurse Quarterly

A Magazine published in the interest of Visiting Nursing, and
dealing with the many phases of the Nurse's work
in the Districts, in the Anti-Tuberculosis
Crusade, in the fight against Infant
Mortality, and in other Social
and Medical Activities.

Published in January, April, July and October,
by the NATIONAL ORGANIZATION FOR
PUBLIC HEALTH NURSING.

Editorial Staff

MISS ANNIE M. BRAINARD, *Managing Editor*

MRS. JOHN H. LOWMAN, *Associate Editor*

612 St. Clair Avenue
Cleveland, O.

Contributing Editors

MISS M. ADELAIDE NUTTING, R. N., *Director Department of Nursing and Health, Teachers' College Columbia University, New York City*

MISS ELLA PHILLIPS CRANDALL, R. N., *Executive Secretary of the National Organization for Public Health Nursing.*

MISS EDNA L. FOLEY, R. N., *Superintendent of the Visiting Nurse Association, Chicago, Ill.*

MISS ELLEN N. LAMOTTE, R. N., *Superintendent of Tuberculosis Nurses, Baltimore, Maryland.*

Regular subscription price.....\$1.00

American Journal of Nursing and }\$2.50
Public Health Nurse Quarterly }

Club rates: { 20 subscriptions at \$.75 each
 { 40 subscriptions at \$.50 each

Advertising Rates may be had upon application.

Entered as second class matter, June 23rd, 1909, at Cleveland, Ohio, under Act of March 3rd, 1879.



A GROUP OF ENGLISH MIDWIVES

The Public Health Nurse Quarterly

VOL. VI.

OCTOBER, 1914

No. 4



Editorials

I

The Nurse Midwife.

In reference to Dr. Taussig's paper on the "Nurse-Midwife," which appears in this issue of the Quarterly, Miss Carolyn Van Blarcom writes,

"The further we go with our work, the more we realize the truth of Miss Nightingale's assertions—that midwifery was logically a branch of visiting nursing. It has so worked out in England, Australia and New Zealand, and we are working very hard toward that end in America. You will see, therefore, that the Visiting Nurse Quarterly is the most appropriate publication in which to have published Dr. Taussig's admirable paper on the 'Nurse-Midwife.'"

Miss Van Blarcom has chosen from the very large number of letters which she has received from England relative to the working of the Midwives' Act there, several letters

which she asks us to publish in conjunction with Dr. Tausig's article. One of these letters is from one of the foremost obstetricians, who is also an earnest worker for midwifery reform; one from Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, and President of the Midwives' Institute; and another from Miss Rosalind Paget, member of Council of Queen Victoria's Jubilee Institute for Nurses. We publish Miss Hughes' and Miss Paget's letters in full at the end of the Quarterly, and quote the following paragraph from the letter of the obstetrician:

"Those who, like myself, have special opportunities of seeing the working of the Act of 1902 are greatly impressed by the benefit it has been to the country and to the public health generally. We are now getting a much more educated and better class of midwife and with the disappearance of the old 'bona fide' untrained woman, the difficulties that arose in the early years of the Act are gradually fading away. The new generation of midwife can recognize difficulties and dangers in the early stages and she observes the limits of her office in a way the old school did not; further, she is a great help in the administration of many public health acts in relation to the new-born child. She comes into much more intimate relation with the households into which she goes, and thus is able to do much for the mothers and children of the working classes, which would be impossible for the medical practitioner."

We hope that the movement for midwifery reform in this country will receive great impetus from the discussion of the question at the annual meeting of the New York State Nurses' Association in October, and from the meeting of the State Conference of Charities and Corrections in November, and the New York State Federation of Women's Clubs. It is by interesting great gatherings that questions such as this are endued with the power to overcome popular inertia and prejudice and to receive that kind of concentrated attention and energetic handling which sometimes

make it possible to carry to completion work which has been long and patiently prepared.

II.

"The Visiting Nurse Manual."

In answer to our request for information concerning the "Visiting Nurse Manual," Miss Foley has written us so frank and generous a letter that we are yielding to the temptation of embodying it in this editorial. She says:

"I began the Manual in December, 1913, intending to make it a little 12 or 14-page booklet which could be printed at small cost and given to each of our staff nurses. Miss Crandall was visiting Chicago at about that time, and suggested that the book be made large enough to serve all Public Health Nurses. I had intended to spend about six weeks on it and all of our five supervisors were helping me. One took Medical Nursing, another Surgical, another the Clerical Work, another Contagious Diseases, and the fifth, Free Medical Service, and notes were submitted from week to week at the supervisors' meetings and revised and re-written. Then about 40 or 50 bulletins which I had sent out to the nurses from time to time were revised and from this small beginning the Manual has finally grown to its present size. As I completed a section to my liking, I submitted it to the supervisors. It was generally torn to pieces and re-written. When it seemed to have reached the stage a little nearer perfection, it was submitted to a group of the nurses. In fact nearly every section of the book has been very thoroughly thrashed out and re-written at least three times.

"Of course, my time is pretty well taken up, consequently only evenings and Sundays were given to the booklet, but at last it was completed. The manuscript was presented to our board before I left for my vacation and my request that my name should be omitted, because nearly every nurse had had a hand in the preparation of the book was, as you see, disregarded. The Board was good enough to bear the entire expense of printing and we have been

able to keep the price down at 25 cents a copy, which was our original plan. The cover and size were decided upon in order that the book might fit into the average coat pocket or nursing bag, for we wanted the book to be just as helpful and no larger nor heavier to carry than the average street guide book. The blank pages were left at the end for additional notes. The references are made to Chicago institutions and societies purposely, for the book was planned for our staff and I wanted it to be of as much help to our new nurses as possible. In spite of these local references, nurses from other cities have told me that the book was particularly helpful to them in suggesting societies or institutions in Chicago which might be duplicated in their own towns.

"Although we did not receive the book from the printers until the 9th of September, we are particularly gratified over the sale of nearly 600 copies since that date.

"I tried very hard to verify all the information in it. Dr. Sachs was good enough to read my tuberculosis notes, the Coroner O. K.'d my remarks about his service; Dr. Spaulding of the Health Department, read the section on Contagious Diseases; Mrs. Aldis read the entire manuscript; Mrs. McCormick read a good deal of it and I spent hours looking up Rosenau, on infection and disinfectants. The book is crude in spots. I don't think I should care to have my old English professor criticize it, but I do think that it is as scientific and to the point as a brief book of that sort could possibly be. It sounds choppy to me in some places, but I spent hours cutting out every superfluous word or re-writing long sentences.

"If it is clear and as helpful as I wanted it to be, I shall feel well rewarded for my seven months' work. *Please leave me out of this notice* as much as possible, and just mention why the book was written and how much help I received while writing it."

The January Public Health Nurse Quarterly is to be a symposium on Visiting Nursing and will therefore most

properly contain an appreciation of this admirable text book on the practical side of the work. That the book has been written in response to the need of the Chicago staff of Visiting Nurses makes it of peculiar value, since in Chicago the problems of illness versus civilization are varied and complex, and the energy to combat misfortune and evil is both ingenious and untiring.

We cannot imagine a more fitting form in which to model the outline of a book of this character, nor a more fitting spirit than Miss Foley's to animate its pages and to assure it those principles of order, directness and coherence which will make of it a book which should form a part of the regular equipment of every visiting nurse.

III.

The Untrained Woman in Private Life.

In a certain sense the "untrained mother" is a ward of the Public Health Nurse, and consequently the nurse must help fight her battles. Perhaps, more than any other outside agent, the nurse has a right to ask why this woman in private life should neither expect nor receive any training for her vocation.

It takes a long time to become fully conscious of the essential defects in any scheme of things which one has been accustomed to accept as right and natural, and in no other way can we explain the tolerance with which we regard the costly efforts of the untrained woman in private life.

Strangely enough, it is only when a woman seeks to exchange her labor for money that she meets with the demand that she be trained and fitted to perform the duties which she is expected to fulfill. As a private individual she seems doomed to go round and round in a more or less vicious circle, and to cause and to endure all manner of preventable ills. Since she is not in receipt of money she is held to no standard of efficiency, is afforded no definite protection and is supposed to derive all needed instruction for the perform-

ance of her very important functions from the oracles of instinct, superstition and such chance particles of the "accumulated experience of the race" as may reach her through example or by word of mouth.

We who are so vitally interested in the maintenance of an irreproachable standard of nursing for some tens of *thousands* of graduate nurses to whom the care of sick human beings can be trusted, may we not well give thought to the tens of *millions* of mothers who must assume the care of the young both in sickness and in health. And can we be thankful enough that the profession of nursing is leading the way up and out of this lamentable Egypt into a Land of Promise, for very truly do we believe that every conquest of public opinion which is won by the nurse in her plea for a recognized standard is a battle won for the woman who has not yet begun to fight for a recognized standard of efficiency in her important labors.

Each struggle has its own far-reaching effect, not the least of which will be the awakening of the vast, inert mass of private womankind, as yet largely unconscious of its deficiency and of its need.

Back of infant mortality, back of tuberculosis, back of chronic ill health and every form of defect of mind, body and soul, stands as a preponderating cause the helpless, untrained woman, at once cause and victim of immeasurable woe. Who that has eyes to see, ears to hear, or a heart to understand can countenance any longer a scheme of life and education which does not distinctly provide for the training of the woman for private life? If the State paid her in money for the care and nurture of the men it needs for its industries and its defence, would it not exact from her efficiency and an accountability for her task? Must she, perchance, receive money and have an employer in order to be recognized as a responsible factor in life and as one entitled to adequate protection and recompense? Why should her working hours be eighteen and twenty in the twenty-four, why should she labor inside and outside the

home, why should she be too tired and under-nourished, or too involved in gainful labors to nurse her young?

On the other hand, why should large numbers of private women spend a large proportion of their working hours in shops, theatres, or in the streets, happy enough if they can get someone to earn their living while they evade every manner of natural obligation?

Indeed, the old question, "Am I my brother's keeper?" may be answered affirmatively by the trained woman who, as a Public Health Nurse, sees at first hand the hardships and failures of the untrained woman in private life.

Problems Which the Mentally Subnormal Adult Presents to Social Workers*

AMELIA SEARS

The present day discussion of the adult high grade imbecile or moron relates to the individual as he is found by the medical or legal professions in hospitals, asylums, jails, courts, reformatories and prisons.

This paper aims to discuss the mentally subnormal in relation to the family of which he or she is a part, or which he is endeavoring to maintain, and the part he is playing in the ordinary daily life of the world.

Experience has shown that a much larger number of feeble-minded women than of feeble-minded men are struggling to maintain homes. This is due to the fact that a larger number of feeble-minded women than men marry—the reason for this is obvious. The high grade feeble-minded girl, attractive, docile, young, protected by her family, does not reveal her limitations, especially during the courtship, as does the young man of subnormal mentality. There are some histories which reveal the burden carried by a working man in maintaining a home in which his wife is mentally incompetent. These are histories of untiring effort by which he does a man's work through the day and coming home at night, regulates the household, performs most of the work and by sheer mental force directs his wife and children. In such histories, the mental unfitness of the mother is not apparent until the man's death, when the entire structure of the home collapses and the family becomes a public charge.

There are other histories of families in which the man was "strong-minded" and the women feeble-minded,

*Paper read at the Second Annual Meeting of the National Organization for Public Health Nursing, April 24, 1914.

where all the weakness of the man was brought out and after a few years of ineffectual effort to organize a home, he deserted; or, where he settled into habits of drunkenness and abuse. Add to these three groups the relatively large numbers of feeble-minded women who have illegitimate children and endeavor to maintain a home and it will be clearly seen that the problem of the feeble-minded adult in the home becomes the problem of the feeble-minded mother, endeavoring to direct a home.

That this condition is widespread both in rural and urban districts is demonstrated by the reports of organizations dealing with the destitute family; in one city such an organization reports 15 per cent. of the families dealt with contain a feeble-minded adult. Professor Gesel, of Harvard, in a careful study of a small town, "A Village of One Thousand Souls," covering a period of three decades proved that 16 per cent. of the families of the village contained an adult feeble-minded member.

No where does the program of a charity organization, society, nor a relief agency, nor a visiting nurses' association, outline procedure in dealing with a family in which one or both parents are feeble-minded. If it is true that 15 or 16 per cent. of the families under consideration by such organizations at a given time contain feeble-minded adults, is it not obvious that the psychologist is needed as much by the charity society as by the court?

The group of families dealt with in this discussion reveals the disorganization of the whole social program before this unanticipated phenomenon. One tenet of social work, that a sanitary home shall be maintained by the recipient of charity, is shattered over and over again. Another tenet, that the children shall have wholesome moral surroundings if the family is to be supported by charity, is repudiated by families of this subnormal group.

Confronted by the insanitary and unwholesome

home, confronted by unexpected illegitimate children and immoral conditions, the conscientious worker stands baffled. She cannot withdraw in the old fashioned way of a generation ago, saying these people are not worthy (that was a most comforting alternative); she cannot continue to give relief indefinitely to a worse than hopeless family; she cannot place mother and children in institutions, for usually in these homes of the mentally defective, there is no overt act which would cause legal interference.

There is no rule, no principle, no precedent to which she can turn for the solution of her problem. She is a pioneer in this hitherto undiscovered country of mental subnormality of the head of a family. At present the philosophy of the social agency in relation to the mentally subnormal is being worked out day by day by visitors in the field, officers and judges in the court room and doctors and nurses in the home.

A review of many families in which some adult member is feeble-minded reveals one encouraging aspect. The condition of mental subnormality is being recognized earlier in the acquaintance with the family, the aid of the psychiatrist is being invoked and understanding and patience based on a physician's statement is substituted for condemnation of the individual as lazy, shiftless, indifferent or immoral.

The following case illustrates this prompt recognition of this problem: Mrs. B. and her two little girls applied to a charity society October, 1913. The father of the children was a broken-down stable roustabout, suffering from a venereal disease of long standing and entirely incapacitated for work. The mother was incompetent, unable satisfactorily to perform the commonest kind of cleaning and scrubbing, and incapable of conducting the household, of preparing the food, when the ingredients were at hand, or of maintaining a sanitary home. Had her application been made in 1911, she

would have been dubbed incompetent and hopeless and judged by standards designed for the mentally normal. In 1913, thanks to the dissemination of information concerning adult feeble-mindedness, the best of the social workers were beginning to recognize its signs. Mrs. B. was taken to a psychopathic institute, and the Binet test revealed that she had the mentality of a child of nine years.

The society then resolutely shouldered the responsibility of caring for her and, as far as possible, directing her to so conduct herself that the minimum of suffering should result. The first step was to place the father of the children in the infirmary, the next to supplement her earnings; for a year, unceasing efforts were put forth to secure her admission to an institution for the care of the feeble-minded. As neither institutions designed for the care of such as her, nor laws by which she could be committed existed in the state in which she resided, the plan could only be accomplished by inducing the State Home for Feeble-Minded to make an exception in her case and by persuading her to accept such care when offered. This case is cited as one of the more encouraging ones simply because her mental condition was early recognized. It is in no way solved.

Contrast, however, the treatment allotted Mrs. B. with that accorded Mary Ann by a group of as intelligent workers, but because the inception of their work with Mary Ann was prior to the general recognition of the high grade feeble-minded, they were not aided by a scientific diagnosis. Among some 10,000 families reviewed in ten years there is no personality that stands out more distinctly than that of Mary Ann.

In 1905, Mary Ann, then the mother of four children, was the despair of the social agencies of the city. For years she maintained the semblance of a home in wretched shacks usually approached through alleys, she lived a hunted sort of life, alternately abused or deserted

by a brutal husband, foraging through alleys for food and begging indiscriminately. The representatives of various social agencies tried to apply to her the laws and theories designed for the adult head of a family; thus the truant officer would exhort her to keep the four children regularly in school, with threats of prosecution if she failed; the charity worker would pay her rent and demand "co-operation" in the form of a well-kept home in return; the probation officer would call and, revolted by the conditions of the home, would threaten "to take her children away if she didn't take better care of them." Mary Ann would clutch the last baby closer and look out in a scared sort of a way and occasionally when the ministrations of these well intentioned agents grew too persistent, she would disappear with all her children for a period of several months.

The officers and agents were not to blame—in those days they had not been taught that there is a large group of men and women in stature who are boys and girls in intellect. They did not know and had no way of knowing that she *could not* rather than she *would not* regulate her life and home and children. Had the inception of work with her been in the last year or two instead of 1905, she would have been recognized as feeble-minded and a plan of action developed which might have averted some tragedies in the family.

Very suddenly, while everyone was muddling along with Mary Ann, trying to make a program designed for adult minds fit her child's intelligence, it was discovered that she had sold her oldest daughter, a girl fourteen years of age, to a young Italian. Evidence was produced that Mary Ann had accompanied her daughter and the young man to secure a license and had confirmed the girl's statement that she was eighteen years old.

This act was sufficiently overt to arouse court action and the three older children were taken from her

and placed in institutions, including this child wife. One final effort was made to coerce, induce and prevail upon Mary Ann to give proper care to the three younger children who were left with her. Provision was made for their care and her instruction in a day nursery and ample means supplied her. Soon she was found to be living with some man—a license had been secured for their marriage (entirely regardless of the fact that no divorce was ever secured from her husband); this second man grew tired of living with her, tore up the license and departed. Again Mary Ann was in court and three remaining children were taken from her. Following are extracts of the court proceedings:

Oct. 1, 1911.

Miss B.—When this case was in last time the mother was allowed to keep these three children on condition that she go with them and live at the nursery. She has not done so. The father of the children was sent to jail at that time for six months. The charities have been supporting this family for a number of years—things have gone from bad to worse and the woman is not taking proper care in raising her family.

Miss S.—She has married a young man and has been living with him. She did not get a divorce from her husband, the father of these children. She is now living in a damp basement in two rear rooms. She goes from place to place and drags her children with her. I do not think she is just right.

Miss F.—Every organization has tried for the last six years to get this family into shape and keep them together, but have finally given up. She will NOT do the right thing. The charities have been perfectly willing to help. The records will show that Mary Ann sold her daughter here when she was but fourteen years old for \$25. The girl is married now and living with her husband. The children are eight, five and three. They were found in a frightfully neglected condition.

Mary Ann stated that what Miss S., Miss B. and Miss F. said was true, and said that probably the children would be better off in institutions, but asked if she could have the baby with her. The judge's decision was:

Let the two little ones go to the orphanage and the mother may accompany them and live there if they will take her. Let the little girl be committed to the _____ School.

Later it was reported that she acted in so distraught a manner in the orphanage that it was feared she was insane and a physician from the psychopathic institute examined her. His report follows:

Case 1104—Patient examined at the orphanage where she is waiting confinement. Patient is subnormal. Can safely remain in the orphanage. She is not insane—only became a little restive when the sisters attempted to scrub her.

Not only are these cases of adult feeble-mindedness among the heads of families ineffectually handled because of failure to diagnose the mental condition, but also because of the lack of any machinery for the care and control of the adult feeble-minded in half the states of the union.

Mrs. K.'s story illustrates the aid a diagnosis of subnormality may be in solving such cases.

Chart No. 1 indicates the vicissitudes of a household in which the mother is a moron. Note how the line of subsistence fluctuates. In 1900, the family consisted of Mr. and Mrs. K. and two children, one of whom died in 1907 and the other today is an attractive child of sixteen years. The chart reveals the deprivations of her early married life, the crosses indicate the occasions which in ordinary families would be regarded as crises. In 1903 the birth of Harry, in 1905 Rebecca's birth, followed in 1907 by a child's death and a few months later in 1908 by the husband's death. All this time the family was underfed, living in unsanitary rooms; one description in the record of a charity society states: "The rooms are first floor rear, opening on to a filthy garbage-filled alley," and a few years later another entry: "Two dark rear rooms, nauseating odors, child's clothing filthy; Mrs. K. made no apology nor any effort to clean up."

From the time of Mr. K.'s death the family's material condition improved (note the rising line), charity societies were more liberal and with the encouragement of food, shelter and freedom from abuse, Mrs. K. became more attractive and yielded to the advances of a tene-

CHART No. 1

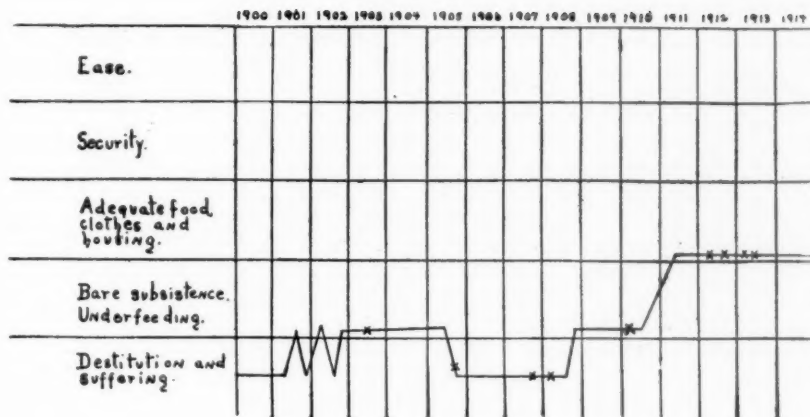
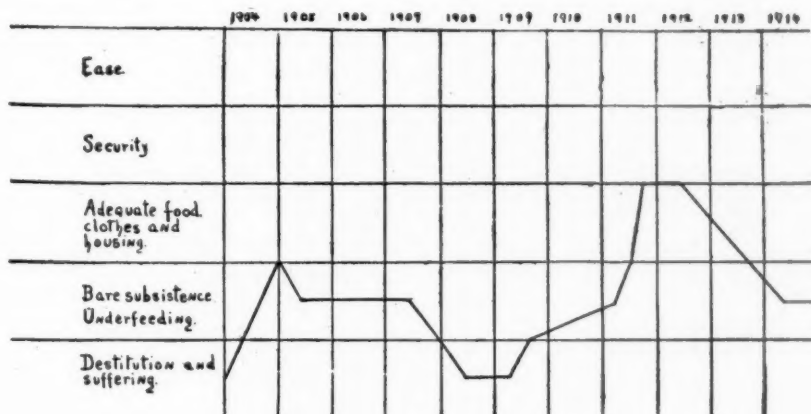


CHART No. 2



ment house loafer. A little one born in 1910, both syphilitic and illegitimate, is the result of that act.

In spite of the baby's birth, relief was continued on a more liberal basis and friendly supervision redoubled, as is shown in the chart by the line of subsistence rising steadily until it indicates a point of adequate food, clothing and shelter.

In 1912, after twelve years of abortive effort to rehabilitate Mrs. K. and her family, she was taken one April day to the psychopathic clinic. The agent who accompanied her gives the following description: "During the ride to the dispensary, Mrs. K. was nervous and apprehensive and during the examination, mental agitation was indicated and once when Dr. J. left the room a moment, she said: 'Ain't this perfectly awful?' wringing her hands and mopping her face meanwhile. She apparently did not want the doctor to witness her excitement and gained a considerable degree of control before the doctor returned. Dr. J.'s manner throughout was the essence of kindness and she so convinced Mrs. K. of her success that Mrs. K. remarked later to the agent, 'Them letters was the only thing that bothered me;' her comment on the way home was, 'It does beat all how many ways they have of finding out what ails people! It's queer, but I suppose it is something about treating the nerves.'"

Dr. J.'s statement for the court read as follows: "In testing Mrs. K. I find she has the mentality of a possible eleven-year-old child. She has difficulty in making change, her memory is poor and it is difficult for her to continue mental effort without fatigue. In simple judgments, she might be trusted but in difficult ones she lacks seriously." This crisis is indicated by a cross in the chart in 1912. This authoritative statement when presented to the court, together with the recital of her inability to regulate her household, resulted in the removal of her oldest child, a girl of thirteen, from her

custody as indicated by the cross. Subsequently at intervals of six months, the remaining two children were brought into court, declared dependents and put into institutions—see chart (1913). Her grief on each occasion was moderate and on each occasion she gave her consent.

At present the two girls, one sixteen years old and one nine, are fine appearing, modest girls, up to the average mentally and there is great hope for them. The boy, eleven years old, is a chunky, stolid little fellow, normal in work and play and giving good promise. Mrs. K. left with the one child, is supporting herself in a haphazard way, partially dependent on charity at the present time.

Chart No. 2 typically portrays the ups and downs of families in which the home maker is feeble-minded and in which there is destitution. (Note how the line of subsistence rises to the point of security in 1911 and 1912 and then falls precipitately.)

Ten years previous to the first application of this family for assistance, the man and woman were married. The man was then a German boy of nineteen, the wife a young German girl of seventeen. During that decade, with the assistance of relatives, they accomplished a semblance of self-support; the boy had settled into a confirmed drunkard, their five children were half starved and neglected and the home a scene of disorder. From 1904 until 1909, the father drank heavily, worked intermittently at his trade, presser, and developed tuberculosis of which he died. This year, 1909, registered the low water mark of the family fortunes. (See chart.)

The wife showed herself incapable of home making, she was reported frequently as lazy and drifted along in an ineffectual and undirected life, collecting food at the rear of bakeries, begging clothing from door to door, dragging herself to church and missions to make an appeal, and on the frequent occasions of her husband's

illness appealing to the charity societies and individuals for help.

Neighbors reported her as "queer," as a "woman that ain't got much force," and her sister-in-law called her "lazy and shiftless." The slatternly home which was three times reported to the Board of Health, the ill-kept children, the personal untidiness of the woman, all suggested mental inability—but in those days the existence of the high grade imbecile was unknown to social workers. In 1909, the family problem was simplified by the death of the drinking, abusive and tuberculous father. The oldest boy, a faithful, pathetic little fellow, began work; systematic relief was given, a plan of definite oversight adhered to by a visiting housekeeper and a friendly visitor; as a result, the line of subsistence was forced steadily up until it reached its highest point in 1911 and 1912.

At this time when the family outlook was most promising, the mother, because of almost daily instruction from visitor and volunteer, accomplishing a semblance of home making, the two older children at work and relief regularly given, a curious change settled upon the family. The mother became sullen and insolent and independent (her mental attitude resembling that, so familiar to school teachers, of little girls when they are under evil influences), the neighbors complained of her late hours, the oldest boy, eighteen, left home, the mother moved the family into insanitary rooms of her own choosing in the rear of a saloon saying, "She didn't care whether she got the money from the society or not, it was too much trouble to do all the things they asked of her."

The explanation came in 1913 when an illegitimate child was born to the mother. She refused at first to prosecute the father because she "didn't want to make his wife feel bad." Subsequently, he was committed to jail and in two months' time she secured his release,

giving as her excuse that he promised to pay her three hundred dollars. He gave her nothing and left town immediately.

As a final illustration of the confusion still existing in handling these family situations in which the home maker, the mother, is feeble-minded, I submit the story of the M. family. This story confirms the lack of any program designed to deal with situations of this sort. As said before, there is neither any general recognition of adult feeble-mindedness by social workers, nor are there in half the states of the Union adequate laws for the care and control of the feeble-minded nor institutions equipped for their care.

Possibly no one family could reveal more clearly the breakdown of the whole social program (whether it be a legislative program or that of private organization) than this M. family. It is not conceivable that any amount of relief or oversight, of exhorting or threatening would permanently improve conditions in this home in which there is no directing force. A mental examination of the mother showed her to be between nine and eleven years of age mentally. (Note the children and their ages on Chart No. 3 and consider the various trouble such a group of children would get into if left to themselves; the presence of the mother is only the addition of another child.)

The wrangling, confusion and mischief which goes on continually is indescribable. The physical conditions are intolerable, filth, vermin, disease. The family has moved once a month for a year, scattering and losing their possessions at each removal. The younger children possess no clothes except those on their backs, in which they eat, sleep, play and attend school.

This family illustrates the case of one in which the father was of sufficient integrity and mental strength to hold the home together in spite of the wife's deficiencies. During his life time, the household was well

ordered, the children disciplined and ordinary family life maintained. During the first month after his death, the family spent the thousand dollars insurance he had care-

CHART No. 3
UNIFICATION CARD

April 20, 1914					00.99 0
Given Name	Age	Occupation and School	Wages	Mental Condition	REMARKS Departments and Societies interested
William					Died on Sept 1st 1914
Mary	38			Morose, Incompetent	a County Hospital about 9 yrs b County Physician
Ann	18	Idle		inhabiting illegitimate child	c. Juvenile Court test. arrested for shop lifting & Juvenile Detention
Amelia	17	clerking	6 ⁰⁰	apparently faithful, honest	d. Put-down Relief normal and hardworking
Willie	15	Errand boy	5 ⁰⁰		Two convictions for for stealing a child study
Helena	13	Public Sch. home		Subnormal Irregular attendance	Dept. Bd. of Ed. dull and inattentive to compulsory Ed.
Loretta	11	Public Sch. home			Dept. Bd. of Ed.
Roy	10	Public Sch. home			C. Reform School
Wilber	8	Public Sch. home			d. School Physician
Marie	5				e. School Nurse.
					f. School for Tenants
					g. Private Agency
					h. Free Dispensary
					i. Maternity Home
					j. St. Vincent de Paul
					society
					k. Visiting Nurse Assn

fully provided and began making appeals for relief immediately that was gone. Soon they were known to the long list of agencies shown on the chart.

The despair of the various societies over this family situation is expressed by such phrases in their records

as "told Mrs. M. we expected her to co-operate. If she failed to do so, she could not expect us to assist her." Co-operate as used there meant keep the house clean, the children in school, Annie in the paths of virtue and Willie out of mischief and home at night. The futility of expecting a nine-year-old child to accomplish all that even if she had grown to woman's stature!

Another record expresses the unpreparedness of the society for this unprecedented problem thus, "Left word for Mrs. M. she will be dropped by the committee if she does not get examined at the dispensary and get a certificate within one week;" and another society's evidence comes in this form, "supplies cut off because Mrs. M. told what was untrue;" and finally the court's statement, "decided to give Mrs. M. another chance before removing her children, providing she would keep them in school, keep them and the house clean and discipline them properly."

While the agencies were thus struggling with and baffled by the family, the older children were pursuing their own ways. Annie, the eldest, before she was seventeen years of age, had borne and lost an illegitimate child, had been under arrest for shoplifting, had become involved with another man and was pregnant for a second time.

Willie, before he was fourteen years old, had served two terms in the reform school. He had also been arrested three times for stealing, the last time immediately on his release from the reform school. The officer's testimony was almost pathetic in its evidence of the ineffectiveness of laws and courts and police officers and reform schools to deal with Willie adequately. The officer stated as follows:

"At 11:30 the night of January 29, I came along Ridgeway and 60th St. and I found this boy" (indicating Willie's chum who had been arrested with Willie) "standing with a bicycle. I said, 'where are you going this time of the night?' This boy" (indicating Willie) "had seen me turn the corner and went up the street in a hallway. I

went up the street to see what was keeping him and I could hear him going upstairs in a tenement. I took out my flash and I got up to the fourth floor and I gets this man" (Willie, age 14) "as he was ready to get out of the window to land down below. There was washing around there hanging up and his hands was very dirty and he got it dirty."

After some discussion, the judge voiced the community's perplexity before this problem by saying: "What am I to do with this boy only out of the reform school a month and he steals and gets a younger boy in bad, too?"

Medical science has shown the way. Information concerning the existence of the high grade feeble-minded and the moron is available. There exists no longer an excuse for failure on the part of social workers to recognize, diagnose if you like, these juvenile adults. The responsibility is now on the social workers and on them the fate of thousands of disintegrating homes in every city in the country. Will the social workers show themselves capable of leading the van in developing a program for the care of these child mothers and their ill-fated offspring?

NOTE: The court records quoted here were secured from records of other agencies whose representative had been present at time of hearing and recorded the evidence and decisions.

A Glimpse at the Medical Department of the Chicago Court of Domestic Relations

ISABELLE E. CARRUTHERS

One need not have advanced to an exalted degree of sociological adroitness to appreciate the efficacious value to municipal well-being of that branch of the Chicago City Courts termed, from its specific jurisdiction, the Court of Domestic Relations. In its beginning this court, except for its peculiar jurisdiction, differed little from other municipal tribunals; but under the keen observance and painstaking efforts of its successive jurists, it has become more and more perfected in its aims and methods, until today it stands forth, in the realms of justice, as an ideal of scientific, hence rational and effective, remedy for the conditions with which it has to deal.

We would not, however, be misunderstood as intimating that the wisdom of this court rests contentedly on its laurels. On the contrary, successful advancement has served but to spur it on to even greater efforts. Each day's experience proves a wise instructor and the successful achievements of the past and the constant addition of aids in the nature of satisfactorily tested equipments of science but open to it new fields of research and endeavor which it laboriously plows and conscientiously harrows, determined to leave no stone unturned, no turf unbroken, lest beneath them should be hidden the smallest benefit to the so-called defendants at its bar, who are rather invalids than criminals.

Indeed, the truth of this last statement can almost be ascertained by a casual attendance at a single session. For are not many of the defendants hollow-eyed and listless, medical cases rather than men deserving of punishment? Are not these hysterical, talkative, unrelenting women subjects for institutional care rather than fit heads of families?

And it was this fact that for many, many months caused Chief Justice Oleson, in seeking a panacea for diagnosis at least, to dream of and plan, as an essential adjunct of this court, that which it now possesses, namely; a psychopathic laboratory.

However, it was not until July, 1913, when, in one day, four women fainted and a small baby almost died in its mother's arms, that Judge Uhler, realizing that there was urgent need of medical attention within the court room and of instruction for the mothers, especially in the care of their babies, decided that a graduate nurse should be placed in the court. The Visiting Nurses' Association was therefore appealed to and its directors very willingly agreed to meet the need, at least temporarily. It was my good fortune to be appointed to the position and I can say that even upon the first day of duty I found a great deal to do. Arrangements were made whereby Dr. Dwyer, of the Morals Court, would examine any cases in need of immediate care or where diagnosis would be of value in intelligently passing judgment on the case. During the second month the work more than doubled—twelve cases having been sent to hospitals or to dispensaries for treatment. These cases included those mentally deranged, cases of specific disease, epileptics and one needing surgical care. Toward the end of October, at a meeting of the judges, I was taken over by the Court and appointed Deputy Bailiff, with the power of making arrests etc; but instructed that my work was, primarily, the medical work in connection with the Court of Domestic Relations. This, I soon found, necessitated home visits in addition to the regular court work. We had many complaints of domestic friction insufficient for arrest, and in these cases home visits by a court official were very effective. Many times it was necessary to teach house-keeping and home-making and very often to impress upon the husband the fact that merely turning over his pay check each week was not his only duty to his family. Parents needed to be reminded that bearing children was but the beginning of a tremendous

responsibility; that rearing the child was the more serious duty and one not to be treated lightly. At present these home visits average about forty-two a month.

At the end of six months my report showed a total of 701 interviews, 242 physical examinations by the physician, eight emergencies and 228 cases referred to other agencies for care, investigation or support.

I might say that this appointment came at a time when outside forces all pointed to the need of and sub-consciously clamored for such a branch in this court. Consequently the growth was spontaneous. But now another need became markedly apparent. Each day cases passed before us of which it was evident one or both parties were below normal; but the degree of subnormality could not be ascertained by ordinary observation. Accuracy of diagnosis, as detailed and minute as possible, is as important in mental as in physical diseases; and it was to give to the court, as an aid in passing upon such defectives, this accuracy, that, in May, 1914, Dr. William Hickson, of Vineland, N. J., began work as director of the psychopathic laboratory in connection with the Municipal Courts of Chicago. During the first day ten cases were referred to the doctor for examination and diagnosis and in several cases he was asked to suggest a disposition of the case. In a week he had examined morons, imbeciles and idiots and found that many adults were mentally mere children.

In one case before the Judge, the defendant was charged with contributing to the dependency of his children. His wife was the complainant. Both appeared "not quite bright." They could not grasp the idea the Judge tried to convey. They were given over to Dr. Hickson and according to the Binet scale showed each of the parents to have a mentality of ten years, while the eldest girl, a child of 14, tested higher than the parents. Here then was the situation: Two children (mentally) the parents of six children, responsible for their rearing and blamed by society if the children did not develop to be a credit to it.

We had a man in just recently who complained that his wife screamed nights, that she was careless about her home and neglected her children. Upon examination this patient proved to be an imbecile. An imbecile! and the mother of four small children. Surely we will soon have a law regulating the marriage of defectives.

We have several cases of epilepsy each month. Wives come in complaining of their husbands' repeated loss of position. They know no cause for this failure to support the family. Examination, however, frequently reveals the presence of this dreadful affliction. We have had cases giving a direct history of epilepsy for three and even four generations. Such cases emphasize the need of an institution for, and segregation of this class of defectives.

Even from this most brief review of the nature of the aid of medical science in connection with the work of the Court of Domestic Relations, it is evident that the establishment of this laboratory is a long step in the right direction. We aim at having every sub-normal or defective case examined before trial that the Judge may have every possible degree of accurate data as an assistance to its intelligent disposition. If it is advisable to place the patient in the Detention Hospital, that is done; if surgical care is needed we endeavor to meet that requirement and have already placed many in the various hospitals and houses for care and treatment. In fine, everything possible is done to help, not to punish, the defendant and to improve not only him or her, but their families and homes, thereby aiming to accomplish the duty of all social organizations, namely, the uplift not only of the individual, but, through the individual, mankind in general.

The Nurse Midwife*

FRED J. TAUSSIG, M. D.

While I have been asked to present the midwife question from the point of view of the doctor, I feel that it would be wrong to do this literally. The midwife question must be solved independently of the interests of any special class. Whether a certain number of incompetent women doing midwifery are deprived of their employment, or whether a few general practitioners lose a portion of their clientele, is a matter of very little consequence as against the possibility of saving the lives and health of our mothers and babies.

As an important step in the solution of this problem, I would suggest for your consideration the establishment of schools of midwifery, admission to which would be limited to graduate nurses. The idea of utilizing the graduate nurse, especially the visiting nurse, for midwifery is not a new one. In England a considerable number of nurses have already taken up this work. Dr. Henry Schwarz only recently suggested the importance of training nurses to do midwifery in rural communities. As far as I know, however, the suggestion of a special school for nurse-midwives has not been seriously considered. Whether such a school should maintain an independent existence or be organized as the graduate department of a nurses' training school is a matter for later consideration.

My idea of the curriculum of such a school would include the following: Attendance for six months to a year, entire charge of at least thirty cases of normal confinement, a majority of which should be out clinic cases, a systematic course of lectures and demonstrations,

*Paper read at the Second Annual Meeting of the National Organization for Public Health Nursing, April 25, 1914.

thorough hospital training in diagnosis, special work in the treatment of emergencies, etc. Affiliation with a hospital possessing a large obstetrical material and with a medical school having trained instructors in this branch would of course greatly increase the efficiency and standing of such a school. In view of the large number of foreigners desiring the services of women at their confinement, it would be the object of such a school to encourage as many foreign-born graduate nurses to take up this work as possible.

Such in brief is the outline of my suggestion for a nurse-midwife school. A number of objections to such a proposal will at once come to your mind. In the first place, could we not accomplish the same end by establishing proper regulation and education of the midwife? I realize, of course, that the introduction of the nurse into midwifery, if it succeeds, is bound to be a gradual process and that in the meantime every effort should be made to improve the condition of the ordinary midwife; but I am also convinced of the impossibility of establishing such state regulation, supervision and education as exists in some of the countries of Europe. It requires a strongly centralized government with strict police supervision to put into successful execution such a system. We have not and do not want such paternalism in our government. Regulation and education in this country must therefore always be unsatisfactory.

But even in countries like Denmark and Italy where state control and educational requirements for midwives are at their best, the type of woman entering this work is inferior to that of the English and American nurse. In Bellevue Hospital, New York, the midwives, I understand, have been given special training in nursing, and while it is doubtless the best we can do for the time being, isn't it putting the emphasis at the wrong point? The foundation for the proper care of the woman in confinement lies in the work of the nurse. It is better to

train the nurse to do midwifery than to attempt to teach the midwife some of the rudiments of nursing.

Next we come to the argument that the midwife should rather be eliminated through the general practitioner, that the creation of the nurse-midwife would be simply substituting another sort of half-trained person in place of the fully trained physician. If we could turn out a sufficient number of physicians specially trained in obstetrics to care for all confinements, I would agree that the nurse-midwife was superfluous. But such a condition is not apt to arise for many generations. At present there are barely a score of such men in any of our larger cities. The problem actually before us is whether the nurse-midwife would not be better fitted for normal obstetrics than the majority of general practitioners.

I fully realize that the general practitioner is the backbone of the medical profession and that we cannot do without him. He performs his manifold duties with a skill and diligence that we all admire. Some of these duties have already been taken from his shoulders, but with the increasing complexity of medical practice, there should be additional relief in order that his time and energy may be spared for other work. I think it can be truly said that the majority of general practitioners dislike obstetrics, are impatient at the necessary delays, lack daily training in aseptic methods, and above all, must take care of all manner of infectious diseases. I grant that the physician has a general medical training superior to that of the nurse-midwife; but is he for that reason alone better qualified to attend normal confinements? Is not his imperfect asepsis and the risk of carrying contagion to his patients a serious danger in his obstetrical work, and are not the delays of his obstetrical work oft times a hindrance to his other duties as a practitioner? Should he not therefore rather look

forward with relief to the time when the properly trained nurse can undertake this irksome work for him?

Nothing is more essential in obstetrics than rigid asepsis, and here again the nurse has special advantages. Comparatively few practitioners have hospital training, and where they do, this is usually limited to one year of a rather general experience. The nurse, on the other hand, has two to three years of daily hospital routine, during which not merely the theory but the practice of aseptic methods are drilled into her until they become second nature. Take such a woman and give her six to twelve months' special training in obstetrics, have her continue this work in further years of practice and it stands to reason her aseptic technique must be superior to that of the general practitioner.

But how would it be in case of some complication? Who would then best serve the interests of the patient? It is unfortunately true that in such instances the practitioner will, as a rule, try to get along by himself and often attempt operations which he is not qualified to perform. The nurse-midwife, on the other hand, while trained to give emergency treatment, could be trusted to send for help in any serious case and would naturally send at once for the man specially trained in obstetrics.

If I have in the foregoing seemed to emphasize the advantages of the nurse-midwife over the general practitioner, it should not be inferred that my motive is primarily the elimination of the general practitioner from normal obstetrics. The main issue is the gradual substitution for the midwife of some better qualified person, and this better qualified person is, as I have shown, rather to be found in the nurse-midwife than in the general practitioner.

And now let us consider for a moment the objections that might be raised by the nurses. First of all there is the name, the fear that the public may identify such nurses with the objectionable type of woman en-

aged in midwifery here in America. I trust the nurses have in their own past experience sufficient illustration of the fact that the public soon learns to differentiate the work from any stigma attached to the name. After all it is not so long ago that we obstetricians were termed man-midwives, and in England, even to this day, obstetrics is termed midwifery. The famous Sir James Simpson, discoverer of chloroform anesthesia, was Professor of Midwifery. Among the surgeons also a similar prejudice had to be lived down, for they were formerly termed barber-surgeons. Perhaps the best illustration how quickly the public differentiate good and bad work independently of the name is to be seen in England, where even before the midwives act of 1902 the midwife who held a diploma from the London Obstetric Society occupied a much higher position socially and professionally than the ordinary midwife. It is the quality of service rendered that counts in the respect of the community.

As to the character of the work and its remuneration I cannot see why there should be serious objection on the part of nurses. The increased responsibilities ought rather to appeal to the ambition of those nurses who are fond of obstetrical work. As to remuneration, I believe that in the beginning a certain number of the nurse-midwives should be in the employ of visiting nurses' associations until their reputation is sufficiently established. Eventually the successful nurse-midwife should be able to earn far more than the graduate nurse.

It might also be claimed by some that if the nurse was permitted to care for confinement cases, she would soon want more, would take care of abnormal cases, do gynecology, and assume functions, just as many midwives do now, that would make her a danger to the community. I do not fear such a complication. The nurse through her higher moral sense and better medical education will realize her limitations. Moreover, through

the regulation of nurses' associations and schools, any over-stepping of bounds could be met with official disapproval, so that such a nurse would promptly lose standing in her profession. An occasional transgressor will doubtless be found here just as among the doctors, but this is no argument against the system as a whole.

A further argument in favor of the proposed system lies in the increased economy of work it secures. Nowadays there is so much more work to be done for the health and social betterment of the masses than there are people to do it, that wherever we can get one person to perform the work formerly done by two it should be so arranged. In the past it has been found advantageous for the visiting nurse thus to assume some of the functions of the social worker. Under the system of the nurse-midwife, she would also undertake some of the work of the physician. In the vast majority of cases the latter could be spared the necessity of attending confinements.

Finally, while realizing the important work of the obstetrical outclinic in caring for women during confinement, and in training physicians for these duties, and while hoping that these outclinics may grow larger at the expense of the midwife, I do not believe they answer every purpose. For one thing, they tend to pauperize a large portion of the working classes. The reason so many persons prefer the midwife in spite of her lack of asepsis, beside the fact that she is a woman, is that the midwife is paid a fee for her services, and that the patient can stay at home and maintain her self-respect and her privacy. With the nurse-midwife in charge, all these advantages could be preserved and in addition thereto the patient could receive the best of care for herself and child during and after the confinement. I agree entirely with the wisdom of Dr. Ehrenfest's suggestion that the public should be educated about the special advantages of the obstetrical outclinic through

the agency of the visiting nurse, but even so there will still be a large group of patients who do not want this sort of service and whom the nurse-midwife can best handle. The latter would work in co-operation with and not in competition with the outclinic. It cannot therefore be argued that a school of nurse-midwifery would reduce the obstetric material for the medical schools. On the contrary, the obstetric clinics would be the gainers, since most of the complicated cases would naturally be referred to them for treatment. While able to pay a moderate fee to the nurse-midwife, patients of this class could not, as a rule, afford to pay for a consultant and help would naturally be sought from the best qualified obstetric charity, the university clinic.

In conclusion, if I have been over-enthusiastic on the subject of schools of nurse-midwifery, it is with a realization that changes of this sort are not made in a day, but are the result of gradual evolution. It will take many schools many years to supplant all the midwives, but eventually it will come to pass. The nurse-midwife will, I believe, prove to be the most sympathetic, the most economical, and the most efficient agent in the care of normal confinements.

The Relation of Private and Municipal Anti-Tuberculosis Activities

ISABEL W. LOWMAN

The subject that has been assigned me for discussion is so vast and so complex that my only chance of salvation is to attack at once the central point—the relationship between private and municipal activities.

Perhaps I can do no better than to make at the outset a confession of my own individual faith concerning the responsibilities and prerogatives of a voluntary altruistic society.

I believe that this voluntary agency composed of intelligent, reasonable, fair-minded citizens, is in a certain sense the prototype of what all individual citizens will be some day if justice prevails, and that it stands for the people in their claim upon the municipality for protection. Theoretically, we Americans hold that the will of the people is expressed in the institutions and laws which are designed to serve them, yet in matters touching public health at least and in many other matters also we know that the people are without will and without desire because they are without knowledge. Therefore, it is right that, until such time as a large share of all citizens are anxious to secure their own welfare through the enactment and observance of wise laws, disinterested voluntary societies should stand as their sponsors and their representatives touching these benefits. The group desire which such a private society expresses, and which emanates from the composite consciousness of men and women who are laying down for the time being the pursuit of individual ends in order to obtain benefits for others as well as for themselves, represents one of the highest forms of citizenship now known to us and is a virtue peculiar to the times that have called it forth.

Just as an earlier day called forth and set a premium upon physical courage and militant patriotism, so today requires of its children the imagination which portrays all men as brothers. Rightly understood, the business of a private society is to establish an effective consensus of opinion in a community concerning the matter which especially concerns it. With this purpose in view, it will first make a survey of all the influences and elements in the commonwealth which consciously or unconsciously, directly or indirectly, can be brought to bear on its especial problem. In a word, it will make of itself the conscious focus at which these influences can converge and where without unnecessary diffusion or waste of power they can be brought to bear on the central problem. For instance, our local Anti-Tuberculosis League began its work by calling together representatives of a very large number of Cleveland's educational and philanthropic organizations and institutions, all of which directly or indirectly, though in most cases quite unconsciously, were already in the lists against tuberculosis.

From these representatives were chosen the Board of Control of the League, so that each member brought with him or with her, besides his own contribution of personal effort, the dower of all that his own society could give. The uniting of these institutions and organizations at that one point of interest held in common, gave the league from the start a tremendous asset of human service as well as recognized power. The conscious combat was furnished with an armament worthy of the foe.

But to return to a general consideration of the subject, we would say that a voluntary tuberculosis society ought not to acquire large funds or to seek expression in institutions which will remain permanently under its control. It must not strike root as something alien and outside of the city's institutions, but must

rather seek from the first to graft its results and its acquisitions upon the city itself, where the energies of all good citizens belong. This policy has been so successfully followed in Cleveland by all of our so-called medical charities, that one and all have become cornerstones of municipal public health work and are represented by divisions and departments in combination with the Board of Health.

The organization of a voluntary society is such that it is free to originate, to initiate, to carry through their experimental stages undertakings whose value must be proven before the municipality is justified in appropriating funds for their public support. In this sense the voluntary society is an experimental laboratory whose cost in energy and in money must ever be a surtax on the good will of private individuals. An active society will not only demonstrate, but it will establish institutions which are valuable in its own line of work and which when their public value has become proven can become a part of the central municipal organization.

The municipality possesses what the private organization lacks, and that is the authority to enact measures and to compel the observance of them. It also has the power to extend the application of all benefits so that they become a part of the life and property of all members of the community.

With reference to the question of education, the duty of the voluntary society is very great and is usually well fulfilled. It must seek by every possible device to raise the standard of knowledge concerning its work and to stimulate the people to ask for good conditions. Some English speaker has said that the desire of the people is the wind that fills the sails of the Ship of State. If this be so, we can see how important it is that the people themselves should breathe into their governments this power of action. However, instead of this happy picture I am inclined to see the people as they often

are—in respect to tuberculosis—ignorant and recalcitrant, and for the greater part quite unaware that their desires are needed to further the development of the community in which they live.

There is literally nothing which a group of disinterested citizens may not hope to accomplish provided that its members are earnest, purposeful and fervent. They must be unselfish, also very patient. The characters and personalities which animate such a citizen group will, of course, be as varied as the people who are associated together. Some will show ability to arouse interest, others interest and funds both. Some will have the gift of organization, others of administering the thing organized. Others yet will do their best in that kind of field work which brings them in working contact with other lives. Some may be, in seeming at least, visionaries and dreamers. Indeed as many personalities will be represented, if it is a harmonious and resourceful society, as the Spanish proverb calls for in the maker of a good salad dressing. I have forgotten what these personalities are, except that it takes a miser for the vinegar, a prodigal for the oil, and a madman to mix it.

I have heard it said, on what seemed to be excellent authority, that in this enlightened day there should be no anti-tuberculosis activities other than municipal. However, this opinion seems to me lacking in homely sound sense for there must be a great advantage possessed by a group of people who are mobile, curious, and to a certain extent independent in the exercise of their ability and unhampered by unfriendly criticism. Such a nucleus of people should be sensitive to changes and modifications which life everywhere brings in its own stream, and which constantly entail a remodeling and recutting of old garments to new shapes. It must ask nothing less than the very best for those whom it represents, and it must keep informed as to the best standards which prevail elsewhere and as to the means by which

such standards are brought about. There should be persons in every society quick to notice the maladjustments which the failure to oppose new remedies to new evils makes possible and which in the hurry and stress of modern life may easily pass unnoticed.

For instance, the introduction of natural gas as fuel in Cleveland and the very general way in which its use has superseded that of coal and wood, has made it very difficult for consumptives to burn their sputum. It is a simple thing to burn infected rags or papers in a wood or coal fire, but to dispose of such material is a very difficult matter when no such natural and simple means of destruction is at hand. Indeed I am sure that all cities using natural gas have had a very measurable increase of strain put upon their power of resistance to infection because of the heaping up of much refuse, which formerly found its way quite easily to the stove or fireplace. If no activity proportionate to the problem presented by this exchange of flame for fire has been made, I am sure that it has caused ill effects. Such a problem with experimentation along the lines of measures to offset it might well come within the province of a private society, and it can be easily seen that there ought always to be some agent in the field ready to perceive and to help adjust such changes as the activity of life itself makes inevitable.

At the time of the first annual meeting of the National Association for the Study and Prevention of Tuberculosis in 1905, Talcott Williams in an inspired address called the "Winning Fight" made certain prognostications concerning the control and eventual disappearance of tuberculosis which do not seem nearly as unrealizable as they might have seemed at that time. He pictured his own vision of the city which had become tuberculosis free and I am inclined to think that having started with the splendid thesis that all transmissible disease is not only preventable but in a fair way to be

prevented, that his ready and clear logic brought within his ken as he talked, fields of hope which perhaps even he scarcely discerned when he began his discourse. However, he seemed to give abundant evidence of the reasonableness of his faith.

He touched lightly on a few cities where typhoid fever, having become practically obsolete, they were obliged to import their typhoid cases for the clinical instruction of the medical student. He spoke of cities still more numerous where a medical student might not have opportunity to see more than one case of smallpox in a four years' course.

But still more interesting was his claim that all transmissible disease belongs to the domain of public health. The patient who suffers from a communicable disease and was once almost exclusively the responsibility of the private practitioner, now leads to the family and to its complex of surroundings and causes and these concern the public health.

This then brings us to one of the club obligations, which a voluntary tuberculosis society should lay upon itself. It should know definitely what degree of immunity from tuberculosis the citizen has a right to claim of a city in which he shows confidence enough to choose it for his home and for the depository of his labor. It must know definitely what this risk, in all fairness, ought to be; it must teach the people what they ought to want in exchange for their citizenship and it must teach them to ask for such measures as will increase their safety.

All diseases whose laws are undertood and whose suppression can be effected through isolation of cases, disinfection of property, instruction of the individual, the cleansing of air, food, and water supply, and the enforcement of disciplinary measures to compel obedience on the part of the individual who is found refractory to the laws which are intended to suppress the disease, are the concern and responsibility of the municipality.

It is conceivable that a day may come when a citizen will be thought justified in bringing suit against a city which can be proved guilty of causing him to have typhoid fever, instead of being held fortunate in having free medical and nursing care in his home or hospital ward when such undeserved misfortune assails him.

I do not know that any other transmissible disease in anything like the same measure as tuberculosis depends upon the overtired and underfed bodies of men, women and children for its culture and spread, but I do know that in our fight against this disease we must take especially into account those characteristics of civilization which are peculiarly inimical to healthful development, such as overwork and strain and that degree of poverty which deprives a man of the essentials for living.

We must realize that in a certain sense, the most materially successful centres of industry may, in the very nature of things, create conditions which foster tuberculosis. If we would offset these dangers, we must be keen and resourceful in opposing remedies which will counteract these dangers. Some of the sharpest wits in a large city will always be active in booming and advertising the industrial opportunities which the city affords. Carloads of inexperienced and unseasoned people will arrive weekly to swell the bulk of the city's undigested problems, and if other quick-witted citizens are not equally busy at the task of helping assimilate this new human increment, it will be difficult indeed to raise the standard of the life level of the community. It is not enough for a modern city to claim to be big, energetic, successful in business enterprise, or to possess industries and institutions which are models of productive and administrative efficiency.

There is a master question which must be put to every city, and that is, what immunity from preventable disease does it offer a man in the common give and take

of daily life, and what is his reasonable expectation of a longevity sufficient to provide for his family and to maintain his children in the early years of school life? If it cannot offer a fair risk on these counts, it ought not to entice people within its gates.

And here I must stray from the subject for a moment to ask why it is considered so creditable for a city to be large at the expense of barren wastes and stark reaches of uncultivated and untenanted lands on every side throughout a state. Why must the city be the unit? Is this sense of pride in excessive urban population a relic of feudal times when cities had to be big in order to withstand the attack of foes from without? If so, the mind is indeed tenacious of old ideas and might better take account of the foes within the walls, which are threatening not only the safety of cities, but through them the safety of nations. When we think of the extreme poverty, unemployment and the nexus of social diseases, evils indissolubly enmeshed in the web of big city life, we wonder that we can be proud and happy to see our own city climb to the top of the "biggest" town class.

Perhaps unknown to ourselves, we are indeed again passing through a feudal stage of civilization, where feudal lords mass their followers at points of strategic importance industrially, and where they will continue to do so until our pre-eminently industrial ideal of life gives place to something finer and more varied.

In regard to the relationship which the private society will from the outset sustain toward the municipality, I would say that it is always advisable to have among the voluntary workers who compose it, persons who have already been in practical contact with city institutions, for perhaps there is nothing which the average layman so little understands as the group of public servants to whom all his most intimate interests are committed. To many otherwise sensible people, the city

administration is nothing more than something perhaps to vote for, and in any case to keep away from, and we might add to this stock of impressions certain random sensations fluctuating between amusement and indignation, largely the result of newspaper accounts of municipal activity, or of the cartoons which portray the legendary heroes of municipal exploit help to keep up the mental hocus-pocus which some of us never succeed in reducing to an ordinary and natural conception of the mechanism of government.

That it is possible for a citizen to think of city administration as something completely outside of himself, and in no way to be modified by his will or desire, instead of being actually and potentially the thing designed to be the expression of his wishes, is to be greatly lamented. Nothing could illustrate more forcibly than this all too common attitude the fact that the thing which we criticize, distrust and do not work with becomes a boggy, just as the thing which we laud and glorify and do not work with becomes a fetish. It is only through the relationship of work shared in common that superstition gives place to religion which must ever be the binding together of all for the good of all.

It seems as though such citizen groups as we have been considering have done a more valuable service than we can well estimate by working sincerely and harmoniously with city administrations and by becoming a part of our city governments. The boggy politics does in a certain sense exist, but the professional politician is gradually being superseded everywhere by another type of citizen and surely we in Cleveland have no right to criticize an administration which has given such abundant evidence of trying to find out the right thing in order to do it.

For a complete summing up of the activities of the Anti-Tuberculosis League in Cleveland, I commend to your notice the report given at the last annual meeting

of our local society, and which was published in the Monthly Bulletin of the Ohio State Board of Health.

The initial step of a conscious social effort against tuberculosis in Cleveland, was the founding of an Anti-Tuberculosis Dispensary in the building of the Western Reserve Medical School. This dispensary was not only the first Anti-Tuberculosis Dispensary in Cleveland, but the first attempt to establish a relationship between medical institutions and the public health of the city. By means of visiting nurses, who followed the cases to their homes, and learned to know them as human beings, the cases which came to the dispensary became not merely cases, but people living in families, surrounded and enmeshed in all the difficulties which real life affords so abundantly. This dispensary associated itself with the city Health Board, the Associated Charities, the Visiting Nurse Association, and of course, with the medical school, and from the first it sought to make of itself a model institution for the practice of social medicine.

Among its earliest activities was the founding of a Saturday afternoon clinic for the inspection of children, who were living in homes where there was tuberculosis. This was the first children's clinic of the kind in this country and the second one to come into existence, the first having preceded it by a few months in Berlin, Germany.

A good housekeeper does not congratulate herself particularly upon her foresight in looking over carefully all the apples in a basket when she has discovered an unsound apple, but we did mightily pat ourselves upon the back when we applied this prudent principle to the protection and care of human beings.

After holding day clinics for patients who were so ill with tuberculosis that they were without strength to work for their livelihood, because of course the first cases were people who were referred to us by general medical dispensaries, which were only too glad to turn

over to us a class of cases which they had no prophylactic or social means to treat, or by the visiting nurses who at that time had only bedside cases in their care, the dispensary gradually discovered the slightly affected and sometimes seriously affected persons who were still in the workshop or class-room. For these it instituted night clinics. You can easily imagine the complex effort needed to initiate and to secure measures of cure for these partly valid organisms and to still further extend precautionary care to such sound persons as they daily lived and worked with.

However, the steady co-operation of all the societies affiliated in the League, together with the unremitting good will and aid of the city administration itself, enabled this definite anti-tuberculosis movement to entrench itself firmly in such measures and organizations as gave it a valid hope of eventually winning in Cleveland's combat against tuberculosis. I touch only upon the beginning, for during the nine or ten years which followed these first steps toward a definite goal, the services which the League has rendered to the anti-tuberculosis movement, both in this city and in the state, have been constant and unremitting, and at present all these activities have been assimilated into that last stronghold of efficient action—the municipality itself. But, though the work which it inaugurated has been taken over by stronger hands, the society of volunteer workers has not disbanded, and still stands ready to aid in the next work of propaganda or experimentation which may seem necessary.

We were told at the last annual meeting of the League that two formidable gaps still exist in our anti-tuberculosis defences in Cleveland. I will take them up singly.

The first is some general system of organized effort for the protection of children from the age of three to six years. After providing thoughtfully for the care of the child from a pre-natal period to the age of three, it

seems that we have no definite system of protection for him between the age of three years and the time when he comes under the care of our public school system. By neglecting these years so sensitive to infection, we act as imprudently as a farmer would who, after preparing good soil for good sowing, leaves it for a time to the mercy of wind sown seed of noxious plants.

The second need in our public health system is a school preventorium where anaemic and weakly children, who are so often the prey of tubercular infection, could have the specialized open air school care, which would prevent their succumbing to this disease. Such a preventorium should remain open the year round, and would take the threatened child, and so build him up and fortify his natural resistance to tuberculosis that the menace of his dangerous feebleness would be offset and the point of strain met by the support necessary to prevent the break occurring. Such an institution would represent a humane and economical method of protecting the child from preventable illness, and the school from a part of the expense of providing separate schools for children with tuberculosis, to say nothing of the decrease it would make in the general school risk of infection from this disease.

Still another subject in which the city, and the League are interested, is the founding of a permanent Public Health Exhibit, where private and municipal charities can join forces in a way which will open the door to everyone. There should be some central place where pictures, models, maps, and figures could give that material evidence of activity and reality which is so useful in the extension and support of any cause. Every soul must have a body in this working world of ours, and every cause a temple where men may bring their offerings.

A Course for Nurses in Educational Psychology

(As given at Teacher's College, Columbia University.)

M. T. WHITLEY

It is said that in the good old days, or perhaps in just the old days, when "the master taught John Latin," that so long as the master knew and taught Latin nobody cared very much whether he knew or taught John. But nowadays we find that instructors are required to pay a great deal of attention to the John object of their teaching, to know if, and how, and when, and how much he profits by their efforts, and to criticise themselves or their methods pretty severely if certain statistical results are out of plumb.

Yet, aside from our common schools, it is rare to find, in places where people are being prepared for a profession, that their teachers pay as much attention to them as they do to the subject-matter of the course. Moreover, these instructors are seldom aware of their own double profession, seldom enlightened as to modern methods of teaching. Is it not true that any physician or surgeon who is capable in his own line, and who is willing to devote the time to it, may be entrusted with the instruction in a medical school or hospital?—and true that the probationers are left to the care of anyone who has the ambition to handle them?—and true that much of the so-called practical work for undergraduate nurses is put in charge of instructors who are apt in the work themselves, but who may be without any gift of imparting knowledge? Against this it may be said, of course, that adult students can adapt themselves fairly to any lecturer and so gain what they need; also that anyone who starts to teach may consciously imitate a good instructor's method, or pick one up as she goes

along. Meantime, let us agree it is a wasteful procedure and scarcely worthy of so dignified a profession as teaching.

All of which is a plea that those who are to handle people and things study not only the latter but the nature of the former and the way they make connections with things. In other words, not only the Latin syntax and vocabulary, but John and his idea of Latin, his attitude towards it, have become profitable fields of investigation to the would-be master. Similarly, a knowledge, not only of *materia medica*, of biology, anatomy, chemistry, bacteriology, bandaging, bathing, bed-making and a thousand-and-one other things is necessary to the teacher of nurses, but a study also of those nurses' minds in general, of their attitudes, capabilities and progress is worth while, as we are coming to realize. The instructor may need economics, sociology, pedagogy, and behind all these, psychology.

Yes, the word is out at last, though it has been kept pretty long for an article supposedly descriptive of a psychology course. To the lay mind the term so often unfortunately suggests something abstruse and mysterious, dealing with hypnotism, detection of crime, disordered personalities and various brands of mind-cure, and not unconnected with fortune telling by dreams, chiromancy, astrology and the like. But psychology as given in the elementary course at Teachers' College deals lightly if at all with these aspects of the subject and a very great deal with the ordinary, every-day mind, its make-up and ways of working. In this course we think not only of those nurses who will teach other nurses, but of those who will visit homes and be obliged to instruct and supervise parents; also, in the long run, of the long suffering patients for whose bodies the nurses have learned to care, but whose minds have too often been left out of consideration.

The course as at present arranged consists of about

60 hours of class-room work, four meetings a week for the first semester of the academic year. Until 1911 it was a 90-hour course, but now that the last 30 hours are more truly pedagogy than applied psychology, they are so listed in the college announcement. One-fourth of the time, i. e., once a week, the nurses meet with other groups of students who are specializing in some branch of Household Arts for a lecture by Professor Thorndike. For this work special lecture note-books are used in which are printed the main and sub-headings of the lectures to be given, with space under each for writing in as much more, also in outlining form, as the student may wish to take down as the lecturer speaks. A good many simple class experiments are conducted illustrative of statements in the lecture about mental processes. Some outside reading in a brief text, "Individuality" by Thorndike, is also required, on which a written test is given about half way through the course. Three times a week the nurses meet as a group by themselves for class-room study and discussion of a text-book. Thorndike's *Elements of Psychology and Principles of Teaching* are read in some detail; there are also selected readings from *The Learning Process*, by Colvin, *The Psychology of Thinking*, by Miller, *Briefer Course in Psychology*, by James, *Essentials of Psychology*, by Pillsbury, and others as the interests and needs of the class may dictate. Exercises in the shape of written answers to questions or reports on simple introspections or experiments are handed in weekly, and form a valuable means of help to the students.

The nurse who comes to Teachers' College for one or more years is unlike many of the other students in that hospitable place of learning. For one thing, she is apt to be very practical, or concrete-minded. For another, she is rather more mature by reason of her particular experience with life, death and emergencies than is her neighbor in a cooking class, though the latter may

be of the same age. Usually too, the nurse comes from a very strenuous life, after a summer probably taken up with professional duties rather than vacation pleasures, so that she is tired, even at the beginning of the academic year. Then, in her own field, she has probably been engaged in supervision, direction, administration or some other form of "bossing;" now she finds herself reduced to a small unit in a very large crowd of fellow-students, subject to being supervised and directed in no leisurely terms. Lastly, it may be some years since she has done much in the way of study, particularly from books, so that habits in that line are not easy to resume. Very often then for all these reasons and perhaps others she finds the adjustment a little difficult at first. Among other things she finds she is required to take a course in psychology—ugh! horrid word—when she does not realize any need for it, and "would rather take something to be directly useful" in her work. It sounds so abstract, and the text-book looks so cut and dried, it is no wonder she feels impatient, dismayed, or even mildly antagonistic.

With all this—and more—in mind, the instructor and class settle down to work in the first week. During the early days of the course careful directions are given as to how best to study, and the students are constantly tested with a view to discovering whether they are forming good study habits. If necessary a demonstration lesson in studying is given before the class emphasizing such apparently simple points as the following: Finding out what an assigned lesson is about; what is its relation to previous and probable later lessons; gathering together one's present knowledge of the subject before reading; thinking of questions which the text might reasonably be supposed to answer; getting the main thought of a paragraph, page or section; summing up or outlining; the use to memory of diagrams or tabular form arrangement of material; the value of recalling

from memory rather than re-reading an assignment; the necessity of being on the watch for illustrations from and applications to everyday experience; the wisdom of suspended judgment. It is surprising how many people can go all the way through high school and some years beyond without mastering some of the foregoing fundamentals; but "better late than never," and we hope that every student will make sure, in the early weeks of her stay at Teachers' College, of training herself in a good method of study.

The study of the subject matter required may vary in its order or arrangement from year to year; but the description that follows is pretty accurate for the arrangement held to in the last two years.

We begin the first day by considering why people love to gossip, why dramatics get a hearing, why novelists get a reading, and realize that perhaps our deepest and most abiding interests concern ourselves, each other, people around us and human nature in general. Rather than a casual interest, or emotional, or literary, we are to seek what the scientific interest in the thoughts, feelings and actions of human beings may lead to. Our starting point is the never ending wonder to meet some people so like ourselves in the way they look at things, and others so queerly, so unbelievably different. We take up, therefore, a study of individual differences, their causes, manifestations, qualitative description and quantitative measurement. In class, after discussion of the assigned readings the nurses are asked to consider such questions as: how to deal with the stubborn or over-sanguine types; why all physicians shouldn't attempt research work; why all nurses should not aim to become superintendents; what characteristics would be preferable in a children's nurse; an attendant in the insane asylum; a social worker, etc. In the lecture work, after an introductory hour on the relation of psychology to the aims, material and means of educa-

tion, the influence of race, sex, and of near ancestry in producing individual differences is treated. Galton's writings on genius, Woods' investigations into Heredity in Royalty, and Galton's and Thorndike's works on twins are some books cited in illustration. Class experiments are made to bring out differences in speed and kind of things observed or thought of.

This study of individual differences is continued in the class work by a discussion of instincts and capacities, their characteristics, utilization and control; and is followed by an investigation into interest, attention and imagery. By this time we have become used to a little introspection, and also feel the need of a larger special vocabulary. We accordingly, after a review of the above, spend several lessons on purely descriptive psychology, finding out that we have more than five senses, what percepts and concepts are, what very different things we may signify by the term "memory," what an evanescent thing a feeling of relationship is, what the so-called will is, or rather isn't, and how emotions are different from thoughts. A brief study is then made of the nervous system with the aid of charts, diagrams, models and microscope slides. After gaining a fair idea of structure and functions we practice thinking where neurone action takes place when we see a book and pick it up, hear our name called and respond, smell something burning and go to seek the source, read aloud, write from dictation and so forth. Illustrations from surgical work are of course frequent. The James theory of the emotions is now presented, and its bearings on self-control, and treatment of others is discussed, not forgetting mental cases. After considerable drill on this material we are ready to take up some of the more interesting points of dynamic psychology.

In the lecture part of the course meanwhile the effect upon individual differences of training as due to the environment in general, or due to special work is

presented. Practice experiments in various functions are given and the results collected and discussed. A study of the practice curve is made.

In class we take up the laws of instinct, habit, association, analogy and analysis, observing our own spontaneous trains of thought and more controlled thinking, noting particularly the values of frequency, of recency and vividness, also the importance of one's early impressions and experience of anything. We review the genesis of sensations, precepts, memories and concepts in the light of these laws. Applications to the art of teaching take much of the time at this point. We consider how to arouse and sustain attention, how to develop interest, how to help others in their first acquaintanceship with a subject, reasons for teaching one thing at a time, the use of illustrations in teaching, good practice in questioning, the best ways of memorizing. The lecture work at this period sums up the topic of instincts, reflexes and capacities, and brings out further pedagogical maxims dealing with habit formation. Experiments in habit forming and memorizing are undertaken, also short tests to demonstrate the action of the law of the mind's set, and the role images may or may not play in accurate learning.

In class we next observe our thinking processes as we endeavor to solve problems, and by experiments and illustrations bring out what are the requisite conditions for selective thinking, consequently certain pedagogical procedures which will favor analysis. Scientific method as such comes in for its share of attention with its insistence on formulating a problem clearly, gathering plenty of data, the testing of hypotheses, the verification of all conclusions and the elimination of unfavorable attitudes of dogmatism, bias and over-hesitation. Inductive and deductive processes of reasoning are illustrated from simple, everyday cases, as well as from work in science courses, in hospital work, and

our knowledge of famous discoveries and inventions. The written work at this point requires application to specific teaching or other problems.

The last few lectures in the course concern aesthetic emotions, judgment, appreciation, the permanence of childhood and adolescent interests, the relation of interests to ability, the facts known about the acquisition of motor skill, and perhaps a talk on personality. In class we take up movements from the point of view of teaching others skill, and action from the point of view of its control in others by suggestion and persuasion. We consider the necessity of demonstration teaching, of supervision, of time for practice, the value of imitation, and ways of directing the attention. We speak also of suggestive devices for use with the nervous patient, the moral delinquent and other types. If time permits, we here include a study of work, fatigue and sleep. The course concludes with an examination of the question: how far, and under what conditions specific training in one field may be made to carry over into some other field—a point of practical import to all workers.

Any students desiring it are furnished with an extensive bibliography on special aspects of psychology such as causes and treatment of various abnormal psychoses, modern laboratory research results and the like. For the benefit of any who may read this and contemplate a sojourn at Teachers' College, there is here given a general bibliography. The first three books on the list are introductory readings, any one of which might advisedly be completed before taking up this course. Those marked with an asterisk (*), are books from which required readings are taken during the semester's work. There are abundant library facilities for students who wish to do much supplementary reading.

Thorndike—The Human Nature Club.

Colvin and Bagley—Human Behavior.

James—Talks to Teachers

- *Thorndike—Elements of Psychology.
- *Thorndike—Principles of Teaching.
- *Colvin—The Learning Process.
- Bagley—The Educative Process.
- McMurry—How to Study.
- Rowe—Habit Formation.
- *Miller—The Psychology of Thinking.
- *Thorndike—Individuality.
- *James—Briefer Course in Psychology.
- Angell—Psychology.
- *Pillsbury—Essentials of Psychology.

It is most satisfactory to watch the attitude of the class change rapidly in the early days to active interest, alertness, sometimes absorption. It is also very gratifying to have the alumnae report, when they get back on the field, of the value they realize the course has had for them. One indeed said she had found nothing so useful to apply to everyone in the institution from the board members to the elevator boy. Usually, too, it is those who do particularly well in the course that go to fill the better teaching positions.

In conclusion it may be noted that related and succeeding courses in the college deal with pedagogy, sociology, history of education, nursing principles and education, teaching and administration in public health nursing. Students who have already taken a course in elementary psychology may elect a more advanced course of somewhat the same nature, or a laboratory and experimental course, or work in analytic or child psychology, or a still more advanced course of graduate work in genetic psychology. The College Announcement describes these briefly, as well as the related courses. Further details of "Education A2" as the course here described is known, may be secured from alumnae of the Nursing and Health Department, or from the department of Educational Psychology by writing to the author of this article, at Teachers' College. Suggestions for improvement of the course are always welcome.

Psychology in Social Work

How Two Nurses Were Helped by It.

"Yes, we heard it said——"

"What was said?"

"They are offering psychology to nurses. I don't mean to nurses by themselves, but along with other groups of students."

"How generous! What put the idea in their heads?"

"I heard somebody say it was a bore—perfect nonsense."

"Is that the spirit of the times?"

"Sally Ann! Quit your nonsense, close your eyes—think! Didn't somebody talk of food for the mind?"

"Peggy! Then are we to suppose that as a nurse must learn how food and air are sustained the body she should also find out how thoughts ripen in the head?"

"Yes, something like. Johnny Appleseed is said to be responsible for this queer jingle:

'No drug will reach thy body's harm
Till thou dost cleanse the whole,
Health thou must ever farm
Out of thy entire soul.'"

We are told that the study of people, how they feel, act and think, to begin with, brings us face to face with this—that everyone has untold possibilities for development; richness in the background that can waken up. To realize this truth practically makes us tolerant, and even more, creates the spirit of reverence.

When the world of modern civilization offers to assist us in our task, how do we feel when really aroused? And what happens? Enthusiasm lifts us out of ruts and then we return with freshened energy back into our routine of endeavor.

I see not only one person, myself, or two persons, in-

cluding yourself, but him and her the world over, black, white, yellow and red, also—I was about to mention individual nationalities—but no—as the President of the United States has issued a proclamation of neutrality we will refrain from naming any particular nationality even by way of illustration. It might lead the reader to suppose we favored one above another, whereas every one of them is dear to us—as nurses. If we could only (and here is a note of despair) communicate with the different ones in their own tongues! Our only way out is in resorting to gesture, which under the circumstances is perfectly good form—indeed indispensable practice.

At the outset of our study we consider what we have in common, that is, instincts and capacities. Among these instincts are self-preservation (hunger, thirst, shelter), self-perpetuation (sex) and activity (physical, mental, moral). We learn that it is true that every human being has natural endowments or individual capacity commonly known as his bent. When this gets its rational development the person comes into his own—achieves his destiny, so to speak, as a free agent in a free world.

Growth, change and the development of the individual come in the difficult process of learning. May be there is danger of losing ourselves in the bewildering stream—but hold together and we'll find a path through the woods. Heaven help us when we encounter the wild beasts in that forest!

While taking a breath let us recall the oft quoted words, "We hold these truths to be self evident—that all men are created equal—that they are endowed by their Creator with certain inalienable rights—that among these rights are life, liberty and the pursuit of happiness."

Understanding of human nature put into practice is like tact. We believe it possible to acquire tact as well as to acquire ability to nurse, and the field is varied enough to give scope for individual differences. Where knowledge of the live ego is taught "hoss sense" grows into an ordered science.

With or without a knowledge of the science back of all teaching, the fact remains that every public health nurse is a teacher. She may not know that she is, or even wish to be. To her the principles of education are, however, as vital as to the teachers in our great educational system. Instruction in hygiene in the homes, in the schools and in settlements plays an important role in preventive medicine of today.

For a long time teachers have recognized that what a child thinks, feels or does on any occasion depends on what he has thought, felt or done in the past, and also upon what is uppermost in his mind at the time. "A mind's past experience and present content determine its responses. Just as education must at the start build on instincts and native capacities, so at each future step it must build on previous experience and pay heed to present conditions," says Dr. Thorndike, an eminent authority on psychology.

It was interesting to see how Johnny reacted to his new surroundings on his first day at school. He came from a large family in a crowded tenement where his over-worked mother had not the time to train him in the many things he needed to know and do. At home he threw his coat and cap on the nearest chair or else on the floor. On his first day at school he didn't even see the hooks in the cloak room, and down on the floor went his wraps. The teacher also knew by the monosyllables "yes" and "no" that "please" and "thank you" had not been included in his former experience. But when the baby came into his home, Johnny burst out, right in the midst of a counting game,

"We got a new baby at our house last night!"

"Oh, have you?" said the teacher in an interested tone of voice. "How many fingers has it? And have you seen its pink toes yet?"

"But what has that to do with public health nursing?" asked the skeptical nurse in the corner.

"It has a great deal to do," said the nurse who had seen many kinds and conditions of life among unfortunate people.

"Just the other day a woman came down the street to get me to go in and 'make her baby well.' 'When my baby was sick last summer,' said the woman, 'the nurses from the Settlement cured it and I know you can do it now.' I followed her and found the poor sick child in the cradle. 'We'll make it comfortable,' I said to her, 'but we shall have to call the doctor. You know your baby got well last summer because you and the nurses did what the doctor said.'"

"This woman was so different," the nurse continued, "from the other one who met me at the door a few days ago with arms a-kimbo and eyes blazing.

" 'I don't need none of you nurses,' she began, 'to help me mind my family. When I wants fresh air I guess I can open my windows myself; and what's more, my children ain't no dirtier than them children 'cross the street and none of yous called them down.'

"How unfortunate that this woman misunderstood the motive of the nurse who meant to do her good. It is very clear that each of these women judged the succeeding nurse in the light of her previous experience with nurses. I used to say, when I found a house badly ventilated, or dirty, or the children dirty,

" 'Why, Mrs. O'Brien, it's so stuffy in here, why don't you open your windows?' Or, 'Why, I never saw such a dirty house!' Or, 'You must keep your children clean. I'll report you if you don't.'"

"But I never talk that way any more. I find something good to speak about. If there's bread in the oven I say, 'How good that bread smells, Mrs. O'Brien! How do you set your sponge?'

"I find that I can make suggestions from time to time while I am caring for the sick one, which take root if I make the family feel that I am sincere and kind at heart. At any rate, my experience has taught me that the critical attitude is absolutely a failure."

That every public health nurse should make allowance

for "present content of the mind" is well put in the words of a hospital social service worker, who said,

"Whatever a patient has on his mind at the time, we must remember, is to him the most vital thing."

Suppose that the head of the family must go to the hospital for some weeks. Being the only bread winner, he may be greatly worried about his family and probably the greatest factor in his recovery is the assurance that someone will look after his dear ones at home. In any form of public health work it is very necessary in dealing with families to hear their stories through and instruct later, when the mind has been relieved and become more receptive.

"But how *do* you instruct in the homes?" asked a quiet listener.

"I try to use the same guiding principles of teaching as are used in the school room," continued the nurse who had been speaking. "I begin, when visiting a family for the first time, by learning what I can easily of their past experiences, and in addition, what their present grievance is. 'Family history,' I hear some one say. Yes, this part of the nurse's work is equivalent to the report which is sent to a teacher when a child is transferred or promoted. Knowing the ability of her pupils, the teacher makes her plan. Likewise the nurse, after finding out the facts about her family, proceeds to a plan. As the teacher's plan is dependent upon the coöperation of the pupil, so the nurse's plan is dependent upon the coöperation of the family as well as, in many cases, upon the coöperation of other social agencies interested in the family."

"One thing at a time" is a principle we know well enough, but neglect in practice. In typhoid fever and in tuberculosis, for example, we are apt to give more advice at the first visit than the tired wife or mother can grasp. In addition we must not overlook the fact that adults, like children, learn best and remember longest what is taught concretely.

In teaching the importance of sterilization of hands,

dishes, linens and evacuations for the safety of the family in a case of typhoid, it would be very hard to say which of these is the most important. However, is it not better to teach one thing well than all four badly? If the woman in charge of the patient is of more than average intelligence she may grasp all; but no nurse should expect to teach in an hour what it took her many months, perhaps, to learn.

If the nurse wishes to be sure that what she says is understood she must do it herself, giving a simple explanation at the same time. (At any rate the sanitary precaution necessary for the safety of the family and community must be performed either by rote or by reason.)

Still another interesting, as well as important fact is that improvement is relative, not absolute. The teacher who knows her psychology does not criticize John Smith because his work is not as good as William Brown's. She rather shows John wherein he is strong, as well as where he is weak in his work, and encourages him by showing him how much he has improved in a given time. John should be compared with what he was when he began, but not with William. For various reasons, individual differences, opportunities, training, etc., the two boys may not be comparable.

In the same way, two women in the district may differ greatly in their ability to keep house. Shall we criticize the weaker, or shall we help her by finding something good to speak about and commend, and later, when confidence and sympathy are established, point out wherein improvement can be made?

Results in public health work are slow in developing and we are often impatient. Yet the seed time of our predecessors is our harvest and we should be equally patient and willing to sow.

Rome was not built in a day. Beans, which are rapid growers, take several days to sprout. However, they can be sprouted in less time on wet blotting paper covered with a glass and placed in the sun, but the results are spindling plants, short-lived at best.

Let's be patient and more content to sow deep.

Fundamental Requirements in the Training of the Public Health Nurse*

EDNA L. FOLEY

This honor has been tendered me so recently that I am going to read, instead of the academic paper which would seem to be required, the report which the sub-committee of a joint committee on "The Education of the Nurse" of the National League of Nursing Education has prepared. As chairman of that sub-committee, I had the pleasure of helping to draw up this report.

REPORT OF SUB-COMMITTEE ON PREPARATION FOR PUBLIC HEALTH NURSING

At the present writing there is a constantly increasing demand for graduate nurses who have had some training in any of the following fields: District nursing, school nursing, tuberculosis nursing, infant welfare nursing, industrial and welfare nursing, mental hygiene nursing, hospital social service, sanitary inspection and juvenile probation work. The demand is from all sections of the country, particularly throughout the middle west. The positions range from that of field nurse to superintendent and director of nursing groups.

The shortage of nurses for these positions does not necessarily indicate that the supply of applicants is inadequate. It does, however, imply: First, that the training of the average nurse is at fault; or second, that all public health positions require post-graduate study in addition to the three years of hospital preparation.

Obviously this last requirement is out of the question for many nurses, hence it is the belief of your sub-committee that some training should be given pupil nurses who

*Paper read at the Second Annual Meeting of the National Organization for Public Health Nursing, April 27, 1914.

desire to fit themselves for public health work. The practice work should be elective, but all nurses should be given some medical-social theory. This may be given in any of the following ways:

First, and best. By affiliation with the local Visiting Nurse Association.

Second. By special dispensary and out-patient department work (including home visiting) under the supervision of a nurse trained in public health work.

Third. By means of lectures given throughout the last two and a half years of training in sociology, economics and psychology, with special reference to national, state and local agencies (both public and private) for public welfare.

The work in these three courses has been suggested as follows:

1. Affiliation with the local Visiting Nurse Association. Work to be taken in senior year of training. Course advised—four months consecutive training in preferably a model district under direct supervision of well-trained public health nurse instructor. Daily conferences with instructor and weekly class-room instruction with assigned reading in the following subjects: sanitation, housing, family rehabilitation, vital statistics and record keeping. This course should be so planned that the pupil-nurse will have practical work in the district and some of its responsibilities. She should, however, be a pupil nurse, not an inexpensive district substitute. Four months is advised as a minimum for a course including lecture and class work, but one month of practice work, under supervision, would be better than no time at all. In this last instance, all of the theoretical work would of necessity be given in the hospital. This month would, at least, give the pupil-nurse an opportunity to test herself in the health field.

2. By means of dispensary or out-patient department work with home visiting under trained supervision.

All of the different clinics can be utilized for this training, the nurse being taught the value of social investigation

and diagnosis in addition to the routine of physical examination and diagnosis. Pupil-nurses should not be sent to do home visiting except when under careful supervision and instruction.

3. By means of a well selected lecture course. Every community has in its vicinity some social agencies and institutions whose directors and teachers can be drawn upon for special lectures on social topics. The lectures should be carefully planned and could be given by many authorities in social work. The essential point in any medical social instruction is that the instructor should definitely connect the practical with the theoretical work and teach the inter-relation of both to the pupil-nurse

Anything which tends to increase in a pupil-nurse regard for human life and comfort, and respect for every patient as a member of some small family group, cannot but enhance her usefulness in any field, therefore we strongly urge that some social instruction be given at least monthly in some of the above mentioned subjects.

The history of public and private relief, local resources for all classes of needy patients, local conditions that have a direct bearing on public and individual health, the family as an institution, custodial care of the dependent, defective and delinquent, the care of the incurable and aged poor, are all subjects that may be taught and discussed.

While realizing that few schools can offer their pupil nurses even a minimum course in preparation for public health nursing, its claim upon the consideration of all thinking nurses are such that no school should neglect any opportunity to lay before its pupils some of the requirements and possibilities of this important field of nursing endeavor.

(Signed)

MARY S. GARDNER

ELLA P. CRANDALL

MARY S. BEARD

EDNA L. FOLEY, Chairman.

This report of the sub-committee deals, as you see, entirely with the preparation of the pupil-nurse for the public

health field. The preparation of the graduate nurse for the public health field covers the same ground and may be undertaken in numerous ways. I have asked different public health nurses what they felt their training school had failed to give them, in fitting them for nursing in this field, and after thinking it over, nearly every one of them said: "First, a knowledge of the various local agencies, civic and philanthropic, private and public, their aims, their purposes, how to get their interest and how to secure their help."

It seems to me that these agencies have been vaguely presented to most of us, but they meant nothing to us until we got outside our hospitals and began to need their co-operation. Lack of knowledge of local resources and principles of their procedure has been felt by many of the nurses to be, perhaps, their greatest handicap in assuming public health nursing positions. There are so many things that the public health nurse wants to know; there are so many things that she needs to know, and the dear public is so sinfully willing to assume that she has all this knowledge in advance.

Hospital training is only a beginning. A nurse desirous of making herself an efficient public health servant must first desire to serve. Public health nursing is no berth for the worn-out nurse, the temperamental nurse who has failed in everything else, the nurse who likes a short day and her Sundays to herself. A good public health nurse works as hard as any woman who is devoting her life to the welfare of the sick. Her Sundays are seldom her own, her evenings are frequently interrupted, her work is never done, her results are vague, intangible things, but poorly represented by the mass of statistics which mean so little if they are only on paper, rather than stamped into the gradually improving record of the progress of her community. Her problems are solved only that she may meet new and more difficult ones. Every bit of strength and vigor—physical, mental and spiritual—that her family, her school and her hospital have given her, will be called into action in the

public health field. Consequently the fundamental requirement of the good public health nurse is strength—physical and mental and spiritual.

To direct this energy wisely several post-graduate courses are being offered by Teachers' College, New York; the Visiting Nurses' Association of Cleveland; the Instructive District Nursing Association of Boston, and the schools of philanthropy in Boston, New York, Chicago and St. Louis. These latter courses are for general preparation in social work, but their class and practice work is of incalculable value to public health nurses.

To take any of these courses requires time, money and brains, but nurses lacking the first two essentials need not despair if they are willing to study hard. Education can only do for us what we are willing to do for ourselves and the self-help which every nurse can give herself is a big factor in this training.

Every nurse can read good books, can associate with the leaders in nursing and social work through the Survey, the Public Health Nurse Quarterly and the American Journal of Nursing, can discuss her problems with local social workers or ask advice through the correspondence departments of the above publications.

It requires many years to develop efficiency in hospital work. Why should we think it easier to become a good public health nurse without at least a working knowledge of sociology, sanitation, and industrial conditions at our fingertips? Only by constant study and sacrifice can a nurse do her best in this big field. To belong to organizations, to subscribe for publications and to buy good books is not sufficient. A nurse should attend the meetings of these local, state and national bodies; she should join in their discussions and give her experiences with the others. In addition she should read her books, study them, disagree with them, fill them with marginal comment and make them of very real assistance in her work. If a nurse did this as faithfully as the Boy Scout does his "daily one good deed," at the end

of the year the accumulation of her knowledge would undoubtedly make her a very much more effective worker.

Every public health nurse needs help from dozens of outside sources, if she would but recognize the fact that she needs that help. All of us, public health nurses, or otherwise, need all the help we can get from post-graduate courses and books, but there are a great many other things that will help if we will be content to begin right at home and use every available resource to make ourselves better fitted for the responsibilities in our chosen fields. A position on a good public health nursing staff is next best to a post-graduate course. Practical work, carefully studied theory, and an honest desire to serve the sick and needy in their own pitifully forlorn little homes, despite their dirt, poverty and superstitious ignorance, these are some of the fundamental requirements of a public health nurse. Our hospital training puts the key to the public health situation in our hands. Whose is the responsibility if we fail to use it wisely?

Constructive Methods in Infant Welfare Work*

HARRIET L. LEETE, R. N.

Newsholme, the great English statistician, has said that "the infant mortality rate is the best single index we have of social conditions." It is also true that it indicates the breadth of medical and nursing advancement. Babies are sensitive to treatment as well as to environment and it must therefore be the first duty of some one to understand how to keep the baby well, and quickly and accurately to diagnose the nature of the disease at the very onset of the child's illness.

Our present day problems are so great that it is universally recognized that we must inaugurate systematic, uniform methods of procedure if we would gain the greatest efficiency. We must construct a plan which will answer not only the needs of today, but will stand the test of the future years.

In order to construct such a plan it would be wise to consider:

- A. Past influences
- B. Present problems
- C. Standards
- D. Responsibilities

A. Past influences: The infant problem is as old as the human race. Savages and barbarians considered that they were economically justified in getting rid of what they considered superfluous children. The Spartans desired fighting men, and as they assumed that the weak and feeble could not be of use to the State, they therefore exposed them to death at the instigation of a State Committee.

*Paper read at the Second Annual Meeting of the National Organization for Public Health Nursing, April 25, 1914.

Later the establishment of Christianity in Rome inaugurated a new humanitarian interest in the life of the infant. Even our present emphasis upon the necessity of vital statistics is not modern, as we learn that in 1538 Henry the VIII ordered the incumbent of every parish to keep a true and exact register of all christenings, weddings and deaths. Genuine interest, however, in the welfare of the child is only about a century old. In 1817 Dr. Davis exerted sufficient influence to open in London the only public dispensary for children. He also introduced a social service department by organizing a voluntary corps of house visitors. More extensive investigation relative to the health of the child began in 1900. The history of the interest displayed in France, then in Germany and at last in America is well known.

Time was, in the not-distant past, when parents were allowed to put their children to work instead of insisting upon school attendance. Now through public interest the amount of schooling the child shall have is decided by the State. In the near future the State will probably assume its responsibility for the life and health of its infants, and ignorant parents cannot then so neglect the "Wards of the State." The State itself will have a knowledge of what can be done and how to do it.

B. Present problems: Our present problems are medical, social, economical, political and individual. One of the greatest of these is that, while the country is keenly wide awake to the need of doing something and is asking many questions, public opinion is demanding a solution which requires time and thought and careful research. This overwhelming calamity—and that is exactly the term which would be applied to our high infant mortality rate were we not so calloused as a result of long years of indifference—finds us quite unprepared. Very few physicians and nurses—and they are the peo-

ple to whom the public have a right to turn—are fully informed as to the causes of infant mortality. Very few medical schools and nurses' training schools have realized their privilege and their responsibility in this most important branch of the work, nor have they sufficiently considered how to answer these momentous questions.

C. Standards: Florence Nightingale wrote, "Nursing ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all at the least expense of vital power to the patient." Surely our infant patients who are so susceptible to changes, require the greatest conservation of vital power. What then shall be our standards: To be efficient nurses, using every bit of knowledge we can gain and using every influence to have our future nurses receive more adequate training along these lines; not to take the place of the physician, but to demonstrate our ability as well-trained women to assist in solving this world-wide problem. The mere fact that a great need is so evident, stimulates nurses to act at once, but because many general practitioners do not understand the care of the baby, is that a reason for nurses to rush blindly into the field, diagnose disease and prescribe feedings? Is not such a procedure especially reprehensible when her only preparation is some slight experience, or the knowledge of some formulae which she had read about in a text book? To be sure her methods often appear to be successful, as the child frequently gains in weight, but do we, as nurses who have not had sufficient scientific training, know whether we have actually given the child the required food which will aid in developing its greatest resistance?

To diagnose and prescribe correctly for the infant the nurse should have studied as extensively as physicians are required to do—Anatomy, Histology, Embriology, Physiology, Bio-chemistry, Bacteriology, Hy-

giene, Pediatrics—and all related branches of medical research.

I would be the last person to limit either a nurse's education or opportunities. I only feel that until she has had the required training she does not really improve conditions by assuming the responsibility of the physician. To illustrate: In her training she studies anatomy, bandagng and surgery, yet she would never think of setting a bone if she were where a surgeon could be secured. If she were far from the reach of a surgeon she would use every bit of skill and knowledge that she had in making her patient comfortable, then having done this she would insist upon the patient being taken to a surgeon as quickly as possible. She may even have set the bone properly, but never does she take any chance of its being wrong. I maintain that pediatrics is just as important a division of our curriculum, as is medicine or surgery or obstetrics and needs just as broad training. An illustration of the need of careful diagnosis was recently given in one of our clinics. A child of eighteen months was brought into the clinic for "pain in the stomach" and "sore neck." Careful examination by a physician revealed the fact that, although Paul had been ill for some time with a tuberculous spine, the real danger had not been discovered. He was put on a Bradford frame, is going to the country and will receive supervision and care until he is well. This is just one more emphatic proof of the need of early correct diagnosis and of comprehensive measures in the treatment of our children. Our standards should be of the highest, and here again everything relates back to our training schools and to the medical schools.

D. Responsibilities: Because we are not to assume the responsibilities of the physician ours are none the less great. It is the privilege of a nurse to be so keenly wide-awake that through her social training, quick observation of surroundings and tactful influence with the

family she may greatly assist in the vital and constructive work of saving the lives of infants, and by improving their environment instill enthusiasm for right living, which will tend toward better health for the entire family. It is her privilege to instruct the mother long before the arrival of the baby, how best to care for herself and how to prepare for the infant. The nurse, by reporting the facts which she has learned concerning the harm done to prospective mothers by overwork and long hours, may exert a great influence towards the bettering of such conditions and thereby may help to eliminate one source of infant mortality.

The nurse perhaps more than anyone else can use her influence towards inducing the mother to use that most important of all infant foods—the mother's own milk. In this one part of the work lie wonderful possibilities. She can teach the mother about pure water; "clean, cold and covered milk"; the harm of patent foods and medicine and of opiates; about screens and the danger from flies; the need of sufficient ventilation. She can teach the mother how to bathe and clothe the baby. Her ability quickly to detect symptoms with a certainty of perception, to observe carefully and to report accurately is more essential and valuable than in a case of typhoid fever. The nurse is the one who teaches the mother how to prepare the food of the infant, she is one who gives bedside care when the baby is ill, and to her alertness and skill must be ascribed the saving of the eyesight of many of our infants. She can make such accurate reports about conditions relative to sewerage, clean or dirty streets, condition of food supplies, and all matters relative to general hygiene, that the source of disease may be traced. We know that heat, humidity, housing and environment play an important part in this intensive study of conditions, but their relative value is not known.

Additional facts must be ascertained before correct conclusions can be drawn, and this investigation can

best be carried on by the nurse in the home. Her knowledge added to the knowledge gained in research laboratories will enable pediatricians accurately and conclusively to determine the etiology of many of our children's diseases.

The whole problem includes knowledge of sanitation, hygiene, atmospheric conditions, racial and hereditary tendencies, economic needs and social environment. For teaching purposes, for both physicians and nurses, there must be facilities for research through which we may learn the fundamental causes. The training must be both scientific and practical.

We are responsible as physicians and nurses to the fathers and mothers and to the public in general and we ourselves require a broader education. We require post-graduate courses for our present needs, and in the future more accurate accessible knowledge.

Eventually the care of infants and prevention of infant mortality will be taught in the regular curriculum of our public schools, will be compulsory and its responsibility can then be placed with the rightful caretaker—the mother.

Two recommendations seem at this time to be worthy of consideration.

A. To have a national uniform card to be filled out by the nurse in the home regarding influences relative to infant mortality and infant morbidity, all the environmental conditions, temperature, indoors and out, humidity, etc., nature of feeding, kind of care etc. On this card could be written the date of birth and cause of death in fatal cases. These facts may often be simple in themselves, but if a large number of uniform statistics could be gathered they would be of greatest value to statisticians, and physicians doing thorough research work.

B. To exert every influence toward obtaining more and better equipped baby hospitals and training schools, where pediatrics may receive its due consideration.

Methods of Raising Money*

GERTRUDE PEABODY.

To those who serve as managers on Administrative Boards the question of raising money comes as a personal problem. The responsibility for this part of the work rests finally on them. They have, of course, much influence in shaping the policies which govern the spending of money; but in the end they must rely on the trained professional wisdom to make the final decisions. Concerning questions involved in raising money, on the contrary, the opinion of the manager should be as valuable as that of the expert charity worker, and her time and strength should be reserved for her special task. I do not mean that the duty of manager and of director can be completely detached from each other. Each is in fact dependent upon the other. The director cannot make effective plans for professional service without knowing the financial condition, and even her staff should share much of this knowledge; nor can the Board of Managers raise money intelligently without knowing how it is to be spent. The director should furnish the incentive to the managers; and the managers should be willing to undertake the unwelcome task of raising money, because of their intimate knowledge of the work, their complete faith in it, and their sound belief in the director's management. The best results for the organization occur when all concerned in it recognize each other's functions and share each other's responsibilities.

I find, however, a strong and growing belief that this whole problem of raising money should be put into the hands of a specialist. In Boston at least four, and

*Paper read at the Second Annual Meeting of the National Organization for Public Health Nursing, April 28, 1914.

in New York a much greater number, of the larger charity organizations now employ financial secretaries, whose duties are to raise money and to secure publicity. Now, there are of course many circumstances of city life or ineffective boards of managers, where a salaried agent may be a good investment and may even galvanize the manager into activity by his enthusiasm and initiative. As the work of an association increases, the clerical work needed for the raising of money must increase also. The keeping up to date of a card catalogue of subscribers and the comparing of lists of possible subscribers takes much time, and may justifiably be included among office expenses. But if the managers are relieved from the financial burden, is there not some risk that they may lose that vital interest which issues from the sense of personal responsibility?

Even if the technique of the appeals were less perfect, would not the general public prefer to be approached by unpaid volunteers, instead of discovering that a salary was being paid for the business of soliciting; and is there any fundamental reason why a well chosen board should not be capable of accomplishing these ends? The best results, it would seem, would be obtained by enlisting the active interest of as many people as possible, and any tendency which centralizes or limits this general activity must be regarded as a makeshift rather than as an ideal.

Having accepted the responsibility of raising money, the managers must further decide whether they shall appeal for endowment or for annual subscriptions. No board of managers which is compelled to struggle annually for an adequate income can refrain from sighing for that peace of mind which belongs to a well-endowed association. Yet, it is now generally conceded that this freedom from the struggle for money tends to weaken initiative and deaden the interest of managers, and that independence of the public may easily end in careless

administration and loose presentation of the case. Each generation presents new problems which can be best met and solved not through endowment designed for an earlier time, but through the fresh experience and enthusiasm of a new generation. Fifty years ago when asylums for children and institutes for aged sailors were being richly endowed, there were no nursing associations; and at the present time lawyers are being employed to determine how funds bequeathed for purposes no longer important may now be legally applied to uses which the givers could not have foreseen.

On the other hand, a partial endowment gives stability and permanence to the work. All charities therefore ask for legacies, and publish a form of bequest in the hope that regular subscribers will remember them in their wills, and that their general appeal will reach the heart of some person about to dispose of his worldly goods.

Endowments may also be raised to advantage for special purposes and expansion of work, so as to encourage current giving for current expenses. Thus, for example, when the Boston Nursing Association reorganized its work a few years ago, it raised an endowment sufficient to cover the salary of a new executive position, but ever since has had to work all the harder to raise current funds for the added expense which this new executive work involved. While, then, managers should be grateful for endowment funds, particularly if they be unrestricted, their main problem is to secure the means for current expenses. For this the annual subscriber is their chief support. On this group the financial future of the work depends. It is not only a regular income which is thus secured but what is still more important, a permanent interest. In every plan for raising money, therefore, one should bear in mind its effect on increasing this group of regular contributors. It is better to have ten contributors at \$10 each, than

one at \$100, because there are ten times as many chances of having the work known and appreciated. There are two other tests which should be applied at this point. One is that the cost of raising the money should be as small as possible; the other is that the result should be of educational value.

The various ways of raising money, which are suggested by the limited experience of Boston, fall under four heads: entertainments, printed appeals, appeals to groups and personal appeals. Entertainments and fairs certainly bring in money; and the more elaborate they are, the greater seem to be the returns. One is disinclined to criticize efforts which have so largely added to the treasuries of Boston charities, as have fairs, tableaux, benefit performances, and thés dansants. Yet it is probably true that the majority of those who attend such festivities know little more about the work of the charity than they did before; and while the cost of net proceeds is high, both in labor and money, the permanent list of subscribers is likely to show little resulting gain.

As to the matter of the printed appeal, it is still very much of a gamble. What form and wording should be regarded as best? People will not read a long appeal; and yet important facts must be set forth. How often shall appeals be sent to the same person? We must interest but not antagonize. What is the psychological moment at which the special need will touch the heart of the benevolent? Shall the appeal be mailed to a man at his office, or to a wife at her home? Shall a return slip and addressed envelope be enclosed? Only experience can show.

Most associations have, however, a general mailing list of persons who have never contributed, covering the community from which support should be received. I learn from the Russell Sage Foundation that reports from charity organization societies show the best re-

turns' from a printed appeal sent to non-contributors to be from 18 to 20 per 1,000 appeals sent, or \$5 return for \$1 spent. Many associations believe in a letter form of appeal; but the District Nursing Association has been successful with a short statement attractively printed on a card. We sent out 2,500 of these on July 1, 1913, and a month later a follow-up appeal in the same form but with different wording.

From these appeals we received \$1,424 from 110 persons, at a cost of \$240, or about 22 returns per 1,000 sent or \$5 return for 30 cents spent. Some associations approach business men with one form of appeal and women with another; and this adaptation of form to recipient is of advantage. One appeal may emphasize the financial situation, and another may tell the story of a touching case.

Each appeal should, however, promote intelligent giving by stating facts precisely, ask for definite help, and substantiate all that is said. Paid newspaper advertising, which conveys important information to the reader may be a wise investment, whether it brings back money immediately or not. Annual reports may, perhaps, be included under the title of printed appeals, although they are expensive for this purpose and usually too long to command general attention. The annual report is, as a rule, to be regarded as a business statement to those who have already contributed, and as a guide to persons studying the subject.

Efforts made to get money through clubs or churches may be described as appeals to groups. To advocate one's cause before a meeting or a committee may bring the support either of individuals or of the entire society. Four of the Boston nurses are entirely supported by three churches, one of which contributes money enough to pay for two nurses. In the one case the money is raised by the personal work of one of our managers within her own church; and in the two others

by an appeal of a committee within the church, which is represented on our Board. Other substantial contributions come from the charity funds of churches, or from women's committees, clubs, and societies. Two clubs have undertaken the entire cost of two nurses, and a third gives a generous contribution to the support of a neighborhood nurse.

Personal appeals, either by the director or the managers, are acknowledged by all to be the most successful way of raising money. Nothing can take the place of that direct influence which is possible through a private interview or an individual note. It is entirely legitimate that one's position in the community, one's friends, or one's personality should be of advantage, for they add weight to one's words. Yet money solicited and given solely on account of personal friendships may not be the most secure support, for it does not guarantee the permanent interest, and the subscription thus obtained may not be repeated. It is well to use one's personal advantages in appeals, but one must assume that the giver may refuse to give until he knows what his gift will do, and then even if he refuses, which he has every right to do, there will remain the satisfaction of having explained the work. Sometimes it is well to make known a few concrete needs of the association, and a nursing association may properly offer as an appealing suggestion the appointment of a nurse as a memorial. Letters are not likely to be so successful as personal interviews. Two people calling together are far harder to refuse than one. Letters of introduction should be brought when calling on strangers, or better still, appointments may be made by mutual friends.

I suppose conditions in different cities must vary, and that what may succeed in one city may fail in another, and my suggestions have therefore been of a very general description. The large schemes now undertaken in Cleveland of co-operative soliciting and

giving may relieve both managers and the public of a heavy burden; and I trust that we may learn here from pioneers in this comprehensive movement what its present achievement and promise may be. I may, however, report in conclusion what the Boston Nursing Association has done this winter to pull itself out of a financial hole. We called it a neighborhood campaign. It was organized as follows: We took a limited and residential section of Boston and divided it in six almost equal districts, and each district into six blocks. In each district a young woman resident was appointed to act as captain, and under her six young women, each of whom lived in a block were designated as lieutenants. These lieutenants in their turn engaged the help of more girls to work under them in their several blocks. Lists of the householders were carefully prepared and divided into districts and blocks, corresponding with our geographical division. And these lists were compared with our lists of subscribers, so that no person who had given within the year should be called on again. Letters were written to all our own subscribers, telling them of the plan and asking them to endorse it among their friends.

The volunteers were coached on the work of the association and on the details of their procedure, first in small groups, and then at a general meeting where 118 girls were assembled. They were given printed circulars of information and blanks for entering receipts, were instructed to call in couples, to see personally a representative of the house, to describe briefly the work and ask for contributions for current expenses to be given, if possible, annually. The whole scheme was well advertised in the newspapers. On an appointed day the calling began, and within a week practically every house on our lists had been visited by neighbors. Money was turned in daily by the captains, and two lunch parties were given where returns were an-

nounced, and a large map shown indicating by colored stars the houses visited. We asked for \$15,000—and received \$12,000. A portion came from old friends, but 1,260 persons subscribed for the first time, and many promised to be annual subscribers. The plan met with many compliments though also with much criticism, chiefly from its character as a hold-up, and certainly it should not be advocated for the same section often, or for charities of a less general interest. The work was almost entirely done by volunteers, so that the expense of raising \$12,000 was but \$150. The advertising of the association was of as much value as the money received, and the 118 volunteers were made steadfast friends.

Compared with whirlwind campaigns, or tag days, this venture was modest. But to have raised this sum for income from a limited area and to have made so many new friends, appeared to us satisfactory

Administrative Problems of Visiting Nurse Work*

MARY ALDIS

As I have listened during the last week to the many discussions of difficult problems connected with public health nursing; as I have witnessed the keen interest and heard the excellent and progressive ideas advanced by those participating in the discussions; as I have talked with nurses gathered here from all over the country, women who have short vacations and hard work to do at home, but who have taken time and money to come here for the purpose of discussing these points; I have been profoundly impressed with the high professional standard to which public health nursing has attained.

We are come to this meeting today to discuss the subject from a different point of view: that of the director, the lay-worker. We, it is, who in private organizations solicit funds and pledge ourselves by so doing to see by our personal supervision that these funds are wisely expended.

The chairman has announced my subject as "Administrative Problems of Visiting Nurse Work," and the first and dominant thought that occurs to me in this connection is, that it behooves us as directors to hold our standard of administration high, that we may keep pace with the professional women who are gathered here.

Methods, of course, must differ according to local conditions; but there are certain watch-words to which we may all agree: Zeal, Interest, Devotion, Time and Intelligence. Given enough of these by the directors of any organization, its value to the community is assured.

When I first had the honor of becoming President of the Chicago Visiting Nurse Association and conducting its

*Paper read at the Second Annual Meeting of the National Organization for Public Health Nursing, April 28, 1914.

board meetings, I remember a hopeful feeling that the next board meeting would be smooth sailing, with no problems. I have now been President four years and a half and have presided at between fifty and sixty Directors' meetings and I have never yet conducted a meeting at which there were no problems!

In looking over the minutes to refresh my mind as to the nature of these "problems," I find naturally that the larger number are of local interest. There are, however, a number of matters to be pondered and decided upon which are common to all nursing organizations, and as the purpose of this Convention is for us to tell each other how we have met such matters and what we have done about them, I take it I shall be within my province by relating the experience of the Chicago Visiting Nurse Association.

One is always a little fearful about saying "we" or "I" have done so and so, lest one is interpreted to mean, "why don't you do likewise?" That is the last thing I should wish to do, as I realize only too well that even after twenty-five years' experience we must still feel our way along and make each decision by the light of the data which we have most recently acquired.

We have all of us seen, probably in our own families, the difficulty of transmitting any kind of wisdom from one generation to another. Youth must needs seek its own path, and generally listens with but scant patience to the wise saws of age, considering them "out of date." Indeed, I do not think that mere age entitles an organization or an individual to give advice, unless the spirit is sufficiently young and elastic to keep abreast of the times, and not put forward answers which might have met the situation at some previous time.

Let us imagine for purposes of discussion, a community in which the need is felt of establishing visiting nursing. Perhaps there is someone who has recently gone through a siege of illness and in whose mind the help and comfort which trained care can give are uppermost. Perhaps this

person steps forward and offers to support a nurse to do district visiting. But recently, I had a cheque from a lady unknown to me with these words: "I have just been through a terrible illness. I never knew what nursing care could mean, and I want to help a little."

From a pamphlet entitled "The Organization of Nursing in a Large Town," published in England in 1870, I take the following:

"District nursing is desirable if from a merely economic point of view. It often prevents whole families sinking into poverty and vice, the consequences of which take vengeance on society.

* * *

Most people have experienced in their efforts to make the poor share their prosperity, how difficult it is to avoid doing harm. In this respect district nursing will be found peculiarly satisfactory. Sickness seems to both giver and receiver a reminder of their common humanity, and to give a right to mutual help. The work has the advantage of bringing naturally and without forcing, rich and poor into a communication beneficial to both.

All who value their own health and that of their families; all who care for the limitation of pauperism and its attendant evils; all who feel a sense of duty towards their less fortunate neighbors, will find themselves amply repaid for the time, trouble and money it may cost them to introduce district nursing into their own town or neighborhood.'

These are good arguments and generous minded people realize their justice and unite to supply the sinews of war. I might here pause and discourse for an hour on methods of raising money, but a member of my committee, Miss Peabody, of Boston, has kindly consented to speak on that subject, so I will pass it by. I will merely tell you that for many years we of the Chicago Association, gave annual entertainments to raise necessary funds. Neglected children, protesting husbands, disorganized households and all the other concomitants of charity bazars, caused us to discontinue this exhausting method of raising money. I remember one show where we all worked hard for months on a profit-sharing basis with the manager of the entertainment. The house was filled and we thought the show went off well. The lady manager had stipulated she be paid her

share the next morning, as she was to leave the city. This we guilelessly did and later on when all the accounts were settled, found that we had handed her out all the profits!

Since then we have trusted to begging and find it far easier. I always maintain spending the trust moneys confided to us is far more difficult than securing them, and sometimes write in an acknowledgment or a request, "Did you but know the trouble I am going to have spending your money wisely and well, you would be grateful." However, I will leave Miss Peabody to take up this subject.

"Getting and spending we lay waste our powers," says Wordsworth, but I should like to paraphrase it and say, "Getting and spending we develop our powers."

Once a certain sum of money is secured, machinery for spending it is necessary. An organization might be said to consist of four groups of people, the board of directors, the nurses, the clerical force and the patients. Perhaps I should put this latter group first, as their need is of course the foundation upon which the organization is built.

As to the composition of boards of directors, they should be representative and should have sufficient leisure to be sure of their time in attending directors' and committee meetings and incidental work. Any group of people brought together will develop "party" lines, that is, some are conservatives, tenacious in adhering to the old and tried; some are progressive and radical, desiring to push forward. Of course the advantage of having different elements on a board is that they neutralize each other and produce wisdom. The question is often raised whether the board should consist of men and women or whether women alone are best fitted to be directors. Sometimes the question is raised as to doctors and laymen. I have no views on this subject. I pin my faith to human nature rather than to sex. Any intelligent citizen who is willing to give time and thought and zeal to the work in hand, is a good director.

Let us say that the directorate consists of between

20 and 30 members with a monthly meeting. There is a custom of discontinuing the meetings for the three summer months, which seems to me very unfortunate. Of course if a quorum cannot be obtained, cessation of meetings is inevitable, but it is a difficult thing for the superintendent to carry on heavy responsibilities for three months without any help from the board. There are two, or I might say three tendencies in the methods of boards of directors, one to hand over all the responsibility to the superintendent; another to make all decisions themselves; and the third, perhaps the most difficult, a vibration between these two courses.

If no meetings are held during the summer the superintendent may be obliged to make important decisions alone, perhaps with quaking heart. There may be no officer at hand, not even a second vice, for her to consult. Then in the autumn the board returns, assumes control and the superintendent may see a cherished plan fail to pass because of the unfamiliarity by the board with the steps leading up to it. Therefore, whenever possible, the work goes better if directors' meetings are not discontinued.

Naturally there are many details which may be threshed out informally in committees and not take valuable time at board meetings. I think it is very wise and very valuable to have a committee on the board for every department of the work. The assignment of these committees, in most cases the work of the president, is perhaps one of the most important duties of the chief executive during the year. She must know the tastes, temperament, capacity and wishes of every member of the board in order to secure the best work of the whole. After several years of struggling with this problem, I thought this year I had an extremely good idea. I sent a questionnaire to each individual member of our board and asked the three following questions:

1. On which committee do you prefer to serve?

2. How much time will you be able to give to the work of the Association outside the board and committee meetings?
3. Can you let me know if you expect to be absent for a period covering several months?

After trial I do *not* recommend this as a method of forming committees. I merely relate it that you may avoid the same pitfall. With beautiful unanimity our whole board preferred the Nurses' Committee and the Committee on Domestic Instruction (a newly instituted plan of which I will speak later), and nobody selected either the Finance or the Publicity. I assure you, the amount of notes and telephoning necessary to assign the thirty-two members to eleven committees was considerable.

Perhaps it would be of interest to you for me to name our committees, with a short statement of the responsibilities of each. The Nurses' Committee is perhaps the most important. This meets on a regular day, midway between board meetings, also every month of the year. Sometimes directors planning for an absence will prefer to arrange to omit a directors' meeting rather than a Nurses' Committee meeting, as the reports of the supervisors bring one in close touch with the work of the nurses. Each of the five supervisors brings to this committee a written report of the general work in her department, and of the special work of every individual nurse under her supervision. Thus each nurse upon the staff, which numbers over seventy, is considered by the committee every month. These reports are not necessarily read by the superintendent, who presents her own report to the committee after those of the supervisors. Of course the old, tried and true nurses have but a few words "Miss C., excellent work, as always." The newer ones and doubtful ones are discussed more in detail, but the committee *knows* how each nurse is doing her work, and discusses points

and asks questions and talks over different situations with the supervisors.

All recommendations for promotion and increase of salary, including the acceptance on the staff of probationers finishing their three months' trial, are brought first to this committee. The chairman of the committee then "recommends" action to the board. Nurses are not promoted automatically by the calendar, but must be recommended to the board for promotion by the superintendent and the Nurses' Committee.

Commendatory letters and messages from grateful patients, as well as complaints, are reported, and at the close of the meeting a very good bird's-eye view of the work all over the city has been given the committee.

The work of the Finance Committee hardly needs definition. Our Finance Committee is very particular in having it understood that they are not primarily to be money raisers any more than any other members of the board. Their duty is to devise ways and means of raising money, to prepare lists of names for directors who wish to write letters asking for subscriptions, and to give to the board an estimated budget at the beginning of the year for the year, and at the beginning of each month for the month. For instance, the treasurer will say, "There is so much coming in from endowed and supported nurses, so much from the Metropolitan, so much from such and such sources. Our expenses will be so much. Therefore, it is necessary for the board to raise (whatever the amount may be)." Thus the board is kept well informed in advance of the exact financial situation and is not likely to get into a difficult situation without money to pay the bills.

As to the Publicity Committee, its work is as its name implies, making known to the public the work and needs of the association. Articles and stories for the papers, cartoons, posters, leaflets, public-speaking before

clubs and societies, are all well-known means of publicity. I believe firmly that there is an increasingly strong feeling of obligation upon practically everybody who has to share with those who have not. It is right that they should ask that their gifts be so administered as to bring utmost value. Therefore let an association see, before entering into a publicity campaign to secure funds, that its work is up to a high standard of efficiency. Ask the public then to look into the work to see what each dollar brings in care given to those sorely in need of it and the support will be forthcoming.

It is perfectly legitimate for the Publicity Committee to write to woman's clubs, associations of commerce, men's city clubs, asking if they would not like an address sometime on visiting nurse work. Generally if a letter or appeal is taken in person to the city editor of a newspaper it will be printed. The other day the chairman of our Publicity Committee told me she was preparing an article on the work which she proposed to get translated and published in the various papers printed in foreign languages in Chicago. Annual reports are also a method of publicity and the more interesting they can be made, the more will they be read.

We have one committee on our board about which I am sometimes asked. It is called the Savings Committee. For years it has been the custom of the Chicago Association, and one in which the nurses give hearty co-operation, to keep back arbitrarily a certain small part of each monthly salary. This sum, between three and five dollars, according to the salary received, is deposited in the owner's name in a savings account. It can be withdrawn only on leaving the staff, or if desired, before, with the approval of the Savings Committee of the board. Wise, indeed, must the chairman of this committee be to decide on the justice of the plea of an applicant for her own money "to help my brother pay for his house and lot" or some such altruistic, or perhaps

only a foolish project. The idea as outlined may seem severe and "paternal," or I might say "maternal," but many a nurse has been thankful when need came that a nest egg was waiting for her.

Then we have the Uniform Committee, which investigates the burning question of bonnets or hats. As this is a feminine audience we all realize the vital importance of these matters. When Florence Nightingale was in the Scutari Hospital with forty or fifty nurses to care for two or three thousand men, bonnets were one of her difficulties. In a letter to a friend she gives the picture: "I came out, ma'am," says Mrs. L., "prepared to submit to everything, but there are some things, ma'am, one can't submit to. I refer to caps, ma'am, that suits one face and not another. If I'd known about caps, ma'am, great as was my desire to come to Scutari to nurse, I couldn't have come, ma'am." "I take rank in the army," she adds, "as Brigadier General because the forty British females I have with me are more difficult to manage than 4,000 men."

It is the duty of our Uniform Committee to weigh and consider such questions as these and recommend any change which is to be made, such as plain blue for stripes or hats for bonnets, to the board for its approval. I must confess that it has taken our board a great many years to be able to confide these matters to a committee. Time was when the word "uniform" was likely to mean a long session.

Then we have the Committee on Co-operation and Registration, the name of which signifies its duties. Any question coming up as to our mutual obligations and responsibilities in working with other societies is referred to this committee. We have a Flower Mission Committee, whose duties, as the name implies, are to secure and see to the sending to the sub-stations, flowers for the nurses to take to their patients. I wish I had time to tell you some pretty stories the nurses have told me

as to what these flowers mean. One very sick woman, to whom the nurse had brought a stalk of beautiful white phlox, was crying to herself softly while being cared for. The nurse said sympathetically, "I am so sorry I hurt you." "It isn't that," was the reply, "it is the flower. I haven't seen one for years." Sometimes it may be that the little bit of cheer plays a large part in a patient's recovery, as for instance, a little typhoid patient of ours, a girl of fifteen starved for beauty, who told the nurse, looking at the homely nightgown put on her "she was sure she would get well faster if she had only a pretty nightgown." Requisition was made on the directors for pretty nighties, which were then decked with pink and blue ribbons and dispatched to Mamie. The nurse said they had a markedly enlivening and invigorating effect, so great was her pleasure.

I read recently in the Worcester Society's annual report how much enjoyment "our new Victor Talking Machine gives our shut-in patients. There are always applicants ahead." This seemed an excellent idea and one of our board members has given us a Victor.

I fear I am straying from my subject. "Problems in Administration" seems a little dry when there are human lives and human hearts that one would rather talk about. I think part of the absorbing interest of visiting nurse work is that very fact that no two "cases" (I hate the word) are ever alike. Each must be considered from its human standpoint with all the uncertainty, variety and interest which that word implies.

We have an Auxiliary Committee of forty young women who assist the work in various ways. What those ways are, are too numerous to mention. When any little odd job that needs doing comes up, someone says, "O, ask the auxiliary." Their chairman is a member of the board. They make baby clothes by the thousand, they roll bandages, they made a spot map, a grewsome object in which our Superintendent takes the

greatest pride. They made a nice little doll house for the State Charities Convention with a doll patient in bed before and after the nurse had visited. They make scrap-books. Recently I found two of them laboriously making rows of little pencil marks on slips of paper. It appeared they were gathering from our records, certain data Miss Foley needed in regard to occupational diseases. Last month they addressed about 2,500 envelopes for the annual report. In short they do a great deal of the volunteer work which we older women used to do in the early days of the association. I wonder if anyone here has ever had the pleasure of making pneumonia jackets out of oiled silk and cotton during the hot days of July? That was my lot one summer years ago, to "stock up" and you can imagine how discouraging it was to have the hot sticky things go out of fashion after I had made a vast number. But again I am straying.

We have two new committees this year, of which I should like to speak. Last autumn Miss Foley in response to the thought-waves asking more preventive work from nurses, originated the plan of having our nurses given courses in what might be called the science of nourishment, viz., the relative nutritive value of foods, how to obtain the best results for a certain sum by judicious purchasing and preparation; in short, the foundation principles of good household management. This committee is to keep in close touch with this work by attendance at the lectures, by finding out from the instructor and from the nurses how the knowledge thus gained is being used and put into practical application. At the end of the year the committee will be in a position to make a report and recommend as to its continuance, for of course the lectures and the nurses' time given means considerable additional expense. One nurse told me she was practicing the dietary on her own family, adding, "Mother just hates oleomargarine and dried apples."

The other new committee is on Records and Statistics. Two years ago our Vice-President, Mrs. McCormick, enabled our Superintendent to take a trip in the East for the express purpose of consulting experts and studying methods of keeping records. This she did and prepared a record-form which is now in use. The duty of the committee is to inform themselves as to why we are at the expense of these records. The clerical time necessary, as well as the more valuable time of the nurses in making them out, is an outlay which must be justified. "Reports are not self-executive," said Florence Nightingale. The committee may find it desirable to communicate with doctors and certain writers, or journals about health matters telling them that we are keeping these data. I find it interesting to compare our monthly records with the Chicago Health Department Bulletin; the points of contact are always significant, for of course it is impossible to engage in work like ours, without being on intimate terms with the whole health situation of the city. Miss Foley has her own department of records and statistics in this organization, so it is enough for me to outline why we have a committee on our board.

I said an organization might be said to consist of four groups of people: board of directors, nurses, clerical force and the patients. Now although my subject is "Administrative Problems," may I say a word about the most important of these groups, namely, the patients? In 1913 we had almost 33,000 different cases. Now it is an exceedingly important thing what 33,000 people connected with an organization think. It is a very important thing, the influence of the work of the organization upon the minds and character of these thousands. Our first care must be to restore health and to take whatever measures are possible under the circumstances to preserve health. The delicate balance between these two obvious duties, how much time a

nurse should spend on instructive work when many calls lie before her, is a matter impossible to divide by rote. Like everything else in life, the nurse must do the best she can under the circumstances.

Now as to the moral effect of giving free nursing care. It is a cardinal principle with most associations that a fee should be charged for nursing service rendered. We collect about enough in this way to support one nurse. I have often wished there might be some means of collecting small fees instituted, other than the payment directly to the nurse herself. The nurse knows and the patient knows that the nursing care is to be given whether money is forthcoming or not, and given well. It is a good deal to ask of human nature that payment be scrupulously exacted and paid. If an impersonal collector could by any stretch of imagination follow a nurse's visits with a firm hand extended in expectation of five, ten or twenty-five cents for the care, comfort and benefit just received, I venture to say a far larger number of coins would be forthcoming, but as yet I can offer no suggestions as to the practicability of such a collector. Often one is touched by a story of a distinct self-sacrifice which has been made in order to pay the nurse a fee. Sometimes payment comes many, many years afterward unexpectedly. I recollect a cheque for \$5 which came to our office following a newspaper appeal with a letter which ran: "I seen your ad. in the paper. One of your nurses took care of me once when I was awful sick. I hadn't a cent then, but here's \$5 to help some other fella." The letter gave no address so we were, alas, unable to express our appreciation of this beautiful gift. What this man thought of a nurse's work was a valuable asset not only monetarily but spiritually, and certainly the belated payment was an ennobling thing for him to do. From the scrawled hand and bad spelling, we inferred that the \$5 was a pretty big gift from him even then.

At the first annual meeting a year ago Miss Gardner in an admirable paper, entitled "Our Executive Officers," says: "The executive officer or superintendent of a visiting nurse association has the vital duty of making clear to her board of managers, the point-of-view of her nurses, and to the nurses the point-of-view of the managers. Just in so far as she succeeds in this interpretation of each to the other, will the organization be able to gain the strength of one united body."

In some associations, visiting by the directors with the nurses is encouraged, in some considered obligatory; personally, it seems to me it can well be left to individual preference. I have never observed that directors' visits did the patients any harm, and the mark of interest is generally appreciated by the nurse. Sometimes, however, the sights and scenes are more distressing to the director than any possible benefit the visit may have. In such cases, district visiting certainly should not be urged.

The superintendent's and supervisors' reports should, however, bear the message of human appeal to the board of directors that their administrative work may be ever quickened and warmed by the knowledge of the individuals whom it concerns.

Perhaps one of the most important duties of the superintendent, as Miss Gardner points out, is to connect the administrative and nursing staff. Much may be done by the directors to stimulate and help and encourage the nurses. Here again it is the matter of the personal equation. The warm-heartedness, the interest, the time, thought and effort, each director is willing to give to the work in hand. We have a custom in Chicago, instituted since our staff grew so large that it was impossible for nurses and directors all to meet, of assigning each year two nurses to each director as her especial charge. To these she shows any courtesy or mark of interest which suggests itself. On the other hand, each nurse

on the staff feels she can go to "my director" with any plan or project upon which she wants counsel or help. The assignments are changed each year so each group may enlarge acquaintanceship. About once a month at four o'clock there is held in the large room in the main office, an afternoon tea party, at which the directors take turns as hostesses, bearing the small expense, about \$10 or \$12. As the turn comes round only about once in three or four years, the obligation is not onerous. It is realized, I think, by our directors that the hard, patient, daily struggle of the nurses in the districts with disease, poverty and ignorance, can only be comprehended by deep sympathy and understanding.

Now as to the directors' responsibility towards contributors. Spending trust moneys is serious work; one may waste one's own perhaps, but with the acknowledgment to the donor of every dollar received by the directors of the association goes the pledge that that dollar will bring its utmost return. Sometimes when the support of another nurse is secured or a bequest or gift received, one feels like exclaiming, "Please send with it an extra supply of brains to spend it wisely."

Most associations find begging hard work. The ever-present need of money is a carping care to the board of directors and a limitation of needed work. I cannot but think that where everyone concerned in conducting a nursing organization, gives of her very best, a degree of efficiency will be required which will win its own way in the community and bring adequate support. It is the aim of most associations to secure by pledge or endowment an assured yearly sum commensurate with their needs. It is a natural ambition and it would seem that all of the time given by the directors could be properly spent in spending, and yet I cannot but believe that the very effort of begging, writing letters, getting \$5 here and \$10 there, and \$25 in another place, makes us more regardful in disbursing it.

I have been reading this winter, as probably many of you have, an admirable biography by Sir Edward Cook, of Florence Nightingale. My copy of the book is already almost worn out, and I regard it as the most important contribution to our work in a literary line that has ever been made. May I quote two paragraphs from a review of the biography to illustrate varied kinds of "administrative problems"? Our problems are naturally not the same which confronted that remarkable woman at the time of the Crimean War, but we may draw a parallel and endeavor so to train our minds that no demand of our work today will find us unprepared:

"Besides the inestimable benefit and comfort of skilled care which her fine administrative ability and superintendence of the nurses made possible, she found means to procure, literally evoked where there were none, all kinds of necessities for the thousands of sick under her charge. 'I am a kind of general dealer,' she writes, 'in socks, shirts, wooden spoons, tin tubs, tables, cabbage and carrots, operating tables and small tooth combs, precipitate for lice, knives and forks, scissors and stump pillows.' Respectful of military authority ordinarily, upon occasion she made high-handed raids on the stores and took what 'her children,' as she called them, needed, while the officials wrung their hands. She established diet-kitchens and laundries, giving work to the unhappy and often destitute wives and widows of soldiers. She built and started a maternity ward, found necessary for the bits of English humanity opening their eyes for the first time on that lurid scene. Amidst all this she found time to write letters to soldiers' families, and instructions as to the care of the children or relatives of her nursing staff, besides innumerable reports, requisitions, and so on, to the War Office. Answering anxious letters of inquiry was another task. One mother writes to her, 'In order that you may know my boy, he is a nice, straight, clean-looking, light-complexioned lad.'

"At one time an unfinished wing of the great barracks was ordered to be made ready in a week for 500 wounded men. The workmen struck, and the whole machinery of the British army seemed to stop in consternation. With an interpreter she went forth into the streets of Scutari, secured a force of native workmen which she paid herself and accomplished the work in time. 'It is a joke here,' she writes, 'to offer a prize for the discovery of anyone willing to take responsibility.' There was much delay and pow-wow at the War Office at home about her reimbursement

for this extraordinary expenditure. It was felt to be inexcusably irregular, but no one was prepared to state what other course should have been pursued."

Administrative problems, like statistics, become of vital and living interest, capable of arousing deep enthusiasm when they are animated by a love of human kind and a love of succoring.

Stories Told by Nurses

A Case of Ignorance

MARY VAN ZILE

Telephone (Dr. Blank speaking): "I wish you'd send a nurse to No. 425 Polish street to show the mother how to take care of the baby. I don't believe it's had a bath in a month and she hasn't the least idea how to feed it."

The nurse goes . . . to find at No. 425 a frail, emaciated, nine months' old baby, with a clean dress on, to be sure, but face dirty, eyes discharging and finger nails that had surely never been cleaned or cut; perspiring in two feather pillows under, and to the thickness of six inches over.

At the coming of the nurse five curious neighbors gather around, with a girl of eleven who can interpret. The nurse explains that the doctor sent her to help the mother take care of the baby and make it well. All members of the company talk together, the oldest woman strictly disapproving when a bath is proposed. "The doctor said the baby's stomach must be kept warm, so they didn't wash it nor open any windows." (In August.) The distracted mother scrubs the hand basin and when asked for a towel rushes to the corner store and returns triumphantly with a stiff roller towel (the cost chiefly in the starch). A piece of old cotton is substituted. The warm water and cleanliness are so soothing that the child is quiet, but the next moment the mother is wringing her hands and wailing, rushing to the upstairs neighbor to tell her the baby is dying, "she can't cry!" Re-assured when she comes back by the way the baby takes some spoonfuls of water, she allows us to put the child into the cradle. While the nurse is explaining that a woolen blanket would be better than the pillow for covering, the mother again

disappears, to return saying they hadn't any blankets at the corner store. A woolen shawl answers the purpose perfectly and the baby drops asleep at once from the mere comfort of being clean.

The nurse directs her attention to medicine and food. "What medicine did the doctor tell you to give?" Two boxes are brought out—one contains eleven powders dated two days ago, which were to be given every four hours. Another box contains white powders, with directions for mixing as a mouth wash. This, the mother explains, has been put into the bottle and shaken with milk and water—"but it wouldn't mix and the baby wouldn't take it." She shows the nurse two graduated feeding bottles soaking in a kettle to remove the caked sediment in the bottom. The neighbors and mother are horrified to find that that was only a mouth wash—and to the nurse it explains the digestive troubles of the poor baby. "But what did the doctor tell you to feed the baby?" "Hot milk right from the cow." "Just milk and water?" In a minute the nurse spies a box of Robinson's barley on a high shelf. "Did the doctor tell you to get this?" "Yes, but I didn't know what to do with it." "Have you any milk?" No, she has to go and get it. "The doctor said not to use milk dipped from the can at the store and the milkman hasn't come." But he does come at this opportune moment and a lesson in the making of barley gruel follows. The fire must be made, the kettle and implements scrubbed, the bottle and nipple clean and boiled.

While working, the nurse tries to make the mother understand how to carry out the doctor's orders, the five neighbors meanwhile attempting to interpret, singly or collectively. The feeding is mixed and measured and the baby is at last drinking greedily. The nurse must hurry to the next patient, after spending an hour and a half here.

But she has three blocks to walk and time to medi-

tate. Could the baby possibly live with such an ignorant and excitable mother? How much more a nurse might do if she had more time! If those other more fortunate mothers and fathers could just once see these poor, neglected morsels of humanity, wouldn't they help? What more can we nurses do to make the people realize the need? And so this nurse went home and wrote the story of one haphazard baby.

Stanislaus

ANNIE R. McCAULEY

Stanislaus, a little Polish boy, suffering with tuberculosis, was placed by one of our nurses in a hospital for advanced cases of tuberculosis. He seemed very happy and the Sister in charge of the hospital was very fond of him.

One day while the nurse was at luncheon, the Sister called her up by telephone to say that Stanislaus had run away without his breakfast, and that she was very much worried, not knowing where he was or anything as to his safety. She said she would take him back that night, if we could arrange for him to return.

The nurse went directly to Stanislaus' home and found him hiding under the bed. After she had remonstrated with him, the little fellow told her he had been influenced by two other boys to run away. He said they walked from the hospital to their homes, a distance of ten miles. The nurse asked him if he were hungry, and he boasted of getting home at eleven o'clock and waiting until twelve to eat. The nurse told him he ought to be sorry for being such a naughty boy, at which his face became very serious; so the subject was changed.

Stanislaus consented to return to the hospital. As he boarded the car, he looked very happy after his day's outing.

This is what might be called close co-operation.

“Little Gentlemen”

LYDIA G. CHACE

Some three years ago, the visiting dietitian was giving a lesson in a home, when she was suddenly interrupted. Bennie, a small boy of four, came in from the yard, very angry, and showed his feelings by swearing. The little chap was both bright and stubborn. The nurse took him aside and talked to him, but nothing she could say had any influence; he did not want to be a nice boy—“a little gentleman.” At length, the visitor told him she would not speak to him until he had changed his mind. That was a hard task for her, for the child always had much to say. She kept her word, however, and left without answering his good-bye.

When she approached the house on her next visit, Master Bennie was on the steps. He looked up and quietly said, “Little Gentleman.” From that day to this, although she now sees the child but occasionally, they have been the best of friends, and he always calls himself her “little gentleman.”

News Notes

A group of the medical and social workers of the city of Chicago was called together on May 25th, 1914, by Alexander A. McCormick, President of the County Board of Cook County, to discuss the subject of feeble-mindedness and to work out plans looking towards securing both legislation for the control of the feeble-minded and the establishment of institutions for their care. This group formed a permanent organization, with Mr. McCormick as Chairman. It appointed five subcommittees, with chairmen, and already, as a result of the work of the committee, Oak Forest Infirmary is caring for feeble-minded women for whom no other provision exists; and at a meeting on August 17th, the Board of Commissioners of Cook County confirmed Mr. McCormick's appointment of Dr. Herman S. Stevens as Special Examiner for Mental Cases in Oak Forest Infirmary.

An article by Mrs. Julia S. Harron, of the Cleveland Public Library, published in a Cleveland paper a few weeks ago, is of much interest as showing the aid obtainable from the public libraries in the study of important branches of social and public health work. The article dealt with the subject of the feeble-minded and referred to a brief bibliography, recently compiled at the request of Dr. J. E. Cutler, indicating some of the resources of the Cleveland Public Library on this most important branch of health study. This list includes books on the heredity, physiology and psychology of the feeble-minded, the detection of mental deficiency, its classification, and suggestions for the treatment and education of mentally subnormal children, with descriptions of measurably successful work of various institutions. Special attention is called to "Mental Defectives,"

by M. W. Barr, Chief Physician of the Pennsylvania Training School for Mental Defectives; and W. E. Fernald's "History of the Treatment of the Feeble-Minded." Three other books, of special interest to public school teachers, parents and social workers, are "Conservation of the Child," by Arthur Holmes, which gives a description of the University of Pennsylvania psychological clinic for the classification of subnormal children, with outlines of the tests and directions for their application; "The Special Class for Backward Children," edited by Dr. Lightner Witmer, consisting of notes and discussions of the methods and results of an educational experiment conducted at the University of Pennsylvania psychological laboratory, with a class of eighteen backward children; and "The Backward Child," by Barbara Spofford Morgan, which deals with the relation between physical and mental defectiveness.

The Convention of the American Public Health Association, of which the National Organization for Public Health Nursing is a corporate member, is to be held in Jacksonville, Florida, from November 30 to December 5, 1914. The National Organization has been asked to present a paper at one of the general sessions.

The Metropolitan Life Insurance Company recently supplied its visiting nurses with copies of the monograph, "Florence Nightingale—An Appreciation," by Mary Aldis, President of the Chicago Visiting Nurse Association. Among the letters of appreciation and thanks received by Dr. Lee K. Frankel, Sixth Vice President of the Company, is the following tribute to the memory of Miss Nightingale from one of the nurses who received her training at St. Thomas' Hospital, London, England. We feel sure this letter will be of interest to all nurses:

Staffordville, Ct., July 23, 1914.

Dr. Lee K. Frankel,

Dear Sir: It is with the greatest appreciation I acknowledge the receipt of the little booklet, of Miss Nightingale.

When I tell you I trained at St. Thomas', London, under the Nightingale Institute, and knew Miss Nightingale personally, you will readily understand what a particular appeal anything like this account of herself would have for me.

Yes, I often had the privilege of seeing and talking with Miss Nightingale, during my years of training—her home was not very far from hospital—and although she was more or less of an invalid, yet she was still able at times to give one words of counsel and advice. The picture is a little like her, but it does not begin to give the beautiful expression for which she was so justly famous. And for hospital every Saturday of the week, she would send a basket of 'dainties' to each ward, for the three head nurses, three individual packets in the basket, one for each "charge" nurse, viz. "Sister" and night and day nurses. And until the last few months of her life the baskets were packed under her own direct supervision with the name of each nurse attached!

The probationers were remembered in other ways. I must apologize for the length of this letter, but my deep interest in my subject must be my excuse. Again thanking you, believe me,

Very truly yours,

(Signed)

(MRS.) FLORENCE G. BROWNING.

The same Company has just sent out a Nursing Manual to all its nurses and agents. This valuable little hand book gives full information as to the nature of the service supplied by the company, instructions to superintendents, nurses and agents as to their respective duties, and includes examples of report forms, history cards, etc. It is of special interest to note that the professional requirements for nurses engaged in the Metropolitan service are the same as the requirements for active membership in the National Organization for Public Health Nursing. Our readers will also be greatly interested to know that Dr. Lee K. Frankel has ordered 400 copies of Miss Foley's Visiting Nurse Manual to give to the individual nurses in the Metropolitan service.

The Nurse's Story, "159 R—— St.," which we published in the July number of the Quarterly, was incorrectly attributed to Miss Annie Earley, the writer of "Pietro," which appeared in the same issue. Miss Jennie Fernald, of the Providence District Nursing Association, wrote "159 R—— St." and we regret that, owing to some misunderstanding, her name was not given.

A considerable amount of Industrial Nursing is being accomplished by the Youngstown Sheet & Tube Company, as we hear from Mr. J. M. Waltz, the Safety Director. Three graduate nurses are employed, and on September 1st a Baby's Dispensary was opened. Owing to the fact that a large number of trachoma cases were found in the village of East Youngstown, a number of the victims being employees of the company, a trachoma hospital was opened temporarily, and some interesting figures are given relating to the work done in this connection. There were as many as 36 men quarantined for this disease at one time, and from Feb. 9th to June 10th the total number of quarantines was 62; 587 suspected cases were examined, of which 309 were found to be negative, and 238 were treated; 13,183 individual treatments were given while the hospital was open.

The program of the Third Annual Summer School for Physicians and Health Officers at the University of Kansas in Lawrence, is of particular interest to nurses, because this past summer public health nurses were invited to attend along with physicians and health officers. Dr. Crumbine intends to increase the attractiveness of the course to nurses during the coming year. This is analagous, of course, to a summer institute such as is being given in the schools of philanthropy. The particular significance of it is that it deals directly and solely with public health matters. Dr. Crumbine is the man who inaugurated the "Swat the Fly" campaign.

The Red Cross Town and Country Nursing Service have prepared what they consider a most excellent moving picture film, with the assistance of the Federal Department of Agriculture. We are hoping to be able to publish a little report of this later, as we know that it will interest our readers.

The Health Education League of Boston has published a valuable series of booklets, known as the "Health-Education Series," for the diffusion of practical knowledge on subjects of general importance for the maintenance of health. These booklets are most useful for purposes of distribution, and the following titles will give an idea of the range of subjects treated: "Industrial Hygiene," "When to Call a Physician," "Emergencies," "The Care of Little Children," "Nerve Waste," "The Boy and the Cigarette," "Healthful Homes," "Prospective Motherhood," etc., etc. The Secretary of the League, Mr. G. H. Cate will send circulars to any address, on request.

Queen Victoria's Jubilee Institute for Nurses

58 Victoria St., London, S. W., July 28, 1914.

Miss Van Blarcom, Committee for the Prevention of Blindness,
New York State.

Dear Miss Van Blarcom:

I understand you are collecting information with regard to the working of the Midwives' Act in England.

As so many of our Queen's Nurses are undertaking this branch of work in connection with the district nursing associations and also as inspectors of midwives, both in town and country areas, we feel we can speak with confidence of the great improvement in the nursing and conditions generally resulting from the higher standard of training required by the Act. The pupils, apart from the actual knowledge required for attendance during the lying-in period, *receive instruction in pre-natal care, complications resulting from the confinement, and also great attention is given to the feeding and care of infants.*

The actual supervision of midwives in their practice is performed by inspectors of midwives appointed by the local supervising authority. As the large majority of these inspectors are nurse-midwives, they are able to give valuable help, having had personal experience in the difficulties which a midwife may encounter. They also instruct the old bona fide midwives in the taking of pulse and temperature, and the keeping of records, which again tends to raise the standard *and safeguard the mother and baby.* The general improvement is apparent, as the old, unfit midwife is now substituted by a clean, intelligent woman, and the higher standard of training required encourages a superior class of women to take up this work, and in many instances the trained nurses from the recognized general training schools qualify for and practise this branch of work both in connection with private and district associations.

With regard to results, we could give you many instances, but will quote one from an affiliated Association which has been doing a large amount of midwifery work for some years in a big town.

"In the year 1913, our nurses attended 512 confinements. Of these, 106 were attended in conjunction with doctors and 406 without doctors. In none of these cases were there any ill results. In the 406 cases, 397 babies were born alive. Of these babies, 381 were living on January 1, 1914; 3 are unaccounted for, their parents hav-

ing left the neighborhood, and 13 died. Of these 13, 7 babies died within 12 days of birth and their death may be regarded as inevitable. This, including the 7 inevitable deaths, makes a mortality rate for *our* babies of 32.7 per 1,000. The infant mortality rate for the whole town in 1913 was 87.8 per 1,000. These figures speak volumes for the work of the society."

This association has instituted a Mothers' and Babies' "At Home," which meets once a week. The number of new babies who joined during the year 1913 was 213, and of these 209 were living on January 1, 1914.

In fact, the Midwives' Act has resulted in great benefit to the mothers and children of the poor, and now that the old, untrained women, who were allowed to be enrolled under special conditions in 1902, are gradually giving up and being replaced by the thoroughly *trained nurse-midwife in the rural districts*, we are experiencing very beneficial results. (On the whole, the Act has worked exceedingly well, and has immensely improved the health of the mothers and *infants in the rural districts with which we have to do.*)

Yours sincerely,

(Signed)

AMY HUGHES,

Gen. Superintendent, Queen Victoria's Jubilee
Institute for Nurses. President of the
Midwives' Institute.

From Miss Rosalind Paget, 5 Sloane Court, S. W.

July 28, 1914.

Dear Miss Van Blarcom:

You ask me if I can give you information as to the working of the Midwives' Act in England. I worked hard for the Midwives' Act for fifteen years before it was passed and I think I am thoroughly conversant with every phase of the question. My work as a hospital nurse, especially in the out-patient departments of two children's hospitals, and the out-patient and gynaecological department of the London Hospital, brought before me very forcibly the need of some supervision over midwives. When I was district nursing in London and inspecting the Queen's Nurses all over the country, I was still more impressed with the need for it; this was in 1890; the bill passed in 1902.

- Ever since the bill passed I have sat on the Central Midwives' Board, and there is one thing which has very much impressed me. You know that the bill would not have got through if we had not consented to put on the roll every old gamp who could show that she had been in bona fide practice for one year before the Act passed and that she bore a good moral (!) character. This brought, of course, in a very short time under our notice at the Central

Midwives' Board some of the terrible doings of the bona fide midwives, and though the supervising authorities began by being very indulgent and rather slack in reporting these women to the Central Midwives' Board, a very considerable number were reported and removed.

During the last two or three years I have been greatly impressed with the gradual lessening of the horrible cases of mal praxis, uncleanness, and dangerous ignorance, that used to come up before us. The women now are brought up before us for breaking the rules in various ways, but much less frequently has the breaking of these rules resulted in the death or disablement of mother or child than in the past. One of the most satisfactory matters is that these old bona fide women have in a large number of cases greatly appreciated instruction and have come into line in a most wonderful manner; they were often women who had learned much by long experience and they were quite clever enough to respond to teaching and supervision. The more competently managed the Health Department of a county or a large town (county borough) the better is the midwife department seen to, and we find that our competent inspectors of midwives take the greatest interest in their charge, instructing the ignorant midwives with great patience and they are looked upon as friends and counsellors by both trained and untrained women.

During the time before the Act there was a certain amount of opposition from the smaller general practitioner, who was afraid of a better trained woman, but the question always received the support of the big obstetricians and gynaecologists, who saw so much of the results of bad midwifery.

We had, of course to begin with the shortest training that was possibly safe, and I must own, it is quite wonderful the amount of sound midwifery that these women assimilate in so short a time when they give their minds and souls to it as they generally do. However, before long the minimum training will be six months, we all hope.

In the case of the village nurses, where they practise under the Queen Victoria's Jubilee Institute, as midwives, and also do a little homely nursing, they have a year's training and are under supervision of a fully trained superintendent. We find that our certified midwives attend not only to the mother at the time of confinement but they are instructed in the hygiene of the infant, and they take the greatest interest in forwarding all matters that improve the condition of the child. I mean such matters as infant consultations, schools for mothers, baby shows, etc., and lately a great deal more attention has been given to ante-natal conditions.

We are watching your struggle for the improvement and registration of midwives in America with the deepest interest and sympathy. We are *now reaping the benefits in lessened maternal and infant mortality*, but we do not forget the hard struggle we had to go through to make our men legislators understand that such things existed in the community as a lying-in woman and her infant.

Yours very truly,

(Signed)

ROSALIND PAGET,

Member of Central Midwives' Board. Hon.
Treasurer, Incorporated Midwives' Institute. Member of Council of Queen Victoria's Jubilee Institute for Nurses. Certified Midwife. Certified Nurse.

A Message From the Red Cross Nurses

Miss Delano has just forwarded to us the following letter from Miss Margaret Lehmann, one of the nurses on the Red Cross ship. Miss Lehmann was Superintendent of the Visiting Nurses' Association in Philadelphia, and was granted a leave of absence for the Red Cross service. We are sure that her letter will be of great interest to all our readers.

S. S. Red Cross, Sept. 23, 1914.

The Public Health Journal:

Greetings from the S. S. Red Cross and Unit A—the Philadelphia group. Long before this you have heard all about the preliminary preparation for this expedition, and I thought you might like to know just how the American Red Cross Nurses have spent their time during the sea voyage.

The days have been truly busy ones, more like the training school, patients included, for sea-sickness was very much in evidence the first few days. The daily schedule has been as follows:

8:00 A. M.—Breakfast.

9:30-11:30—Lectures by doctors.

11:30 A. M.—Many nurses made use of gymnasium.

1:00 P. M.—Luncheon.

2:00-3:00 P. M.—Quiz and practical nursing.

4:00 P. M.—French or German.

7:00 P. M.—Dinner.

8:30 P. M.—Prayers conducted by Sister Helen (Scott Hay).

10:00 P. M.—Quiet.

The lectures have been given by the doctors on such subjects as First Aid, Contagious and Infectious Diseases, Anatomy, Anaesthesia, Surgical Work, Metric System, etc. The afternoon classes have been conducted by their assistants and consisted in the nursing care of the patients. At odd times between lectures and classes could be seen groups of nurses practicing bandaging or holding general discussions on some nursing subject.

Sister Helen—by the way we are all known as sisters—has given splendid talks on our future work, our attitude towards those with whom we may come in contact, on discipline and has given to the supervisors many valuable suggestions. Besides the regular lectures and classes, Major Patterson gave two very instructive lectures, one

on Military Hospital Camp and the other on some contagious diseases, viz: Dysentery, Cholera, Smallpox, Bubonic Plague.

Mr. Mohun, one of the officers on board, gave an intensely interesting and instructive lantern slide lecture on his expedition 16 years ago, through Africa, and another lecture describing his expedition through the same country 20 years ago.

The entire time during the trip has been one of preparation for our future work, and it has been amazing how fast the time has passed when there was nothing to look at but sea and sky.

We all feel keenly the trust and confidence placed in us by the American Red Cross Society, representing as we do the United States as a whole, the various cities and training schools as individuals and it is the earnest prayer of each and every one that in every way possible, in whatever country we go, that we may prove ourselves a credit to our country and our colors, by rendering the valuable assistance expected of us to those in great need.

Very cordially yours,

(SISTER MARGARET) LEHMANN, Unit A.

NOTICE

The Editor is anxious to obtain copies of the issues of the Quarterly for April and July, 1910, and for January, 1913. Twenty-five cents per copy will be paid for these numbers.

Communications should be addressed to the Secretary, Public Health Nurse Quarterly, 612 St. Clair Avenue, Cleveland, O.

THE CHA

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

Index photographed at the
beginning for the convenience
of the microfilm user.